CHEMIST & DRUGGIST

The newsweekly for pharmacy — a Benn publication

September 18 1982

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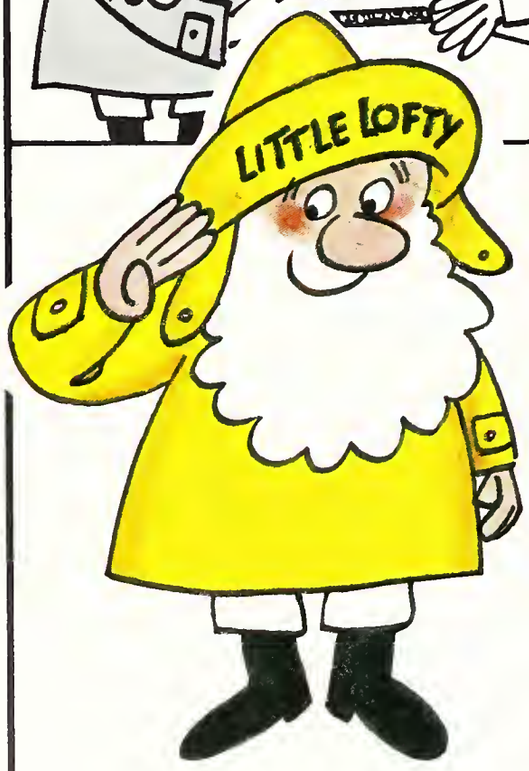
Coughs, Colds, Flu ~ Winter Gloom

FISHERMAN'S FRIEND – EVERYONE'S FRIEND



FISHERMAN'S FRIEND

Make sure you have plenty of Friends this winter

★ ORIGINAL EXTRA STRONG LOZENGES
★ NEW ANISEED FLAVOUR LOZENGES
★ HONEY COUGH SYRUP
★ EXTRA STRONG RUBBING OINTMENT

Lofthouse of Fleetwood, Maritime Street, Fleetwood, Lancs.

CHEMIST & DRUGGIST

Incorporating Retail Chemist

September 18, 1982

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CONTENTS

COMMENT

Images

Members of the National Pharmaceutical Association should this week be receiving further details of the proposed advertising campaign for retail pharmacy. And with the illustrations of the kind of advertising that can be expected (p462) comes an exhortation from NPA chairman Marshall Gellman for all community pharmacists to ensure that their premises live up to the promises that will be made to the public.

This message has also been a major theme of the British Pharmaceutical Conference in Edinburgh, with the president of the Pharmaceutical Society pressing the point home several times. "Advancement" of the image, Mr Howarth called it, while Mr Gellman writes that "none of us is so perfect that there is no room for improvement". But why is it necessary for the profession's leaders to be saying such things? It is a sad reflection of the state of pharmacy that there are still those among its ranks who do not measure up to the quite modest professional status portrayed in the proposed advertisements.

Fortunately, the national media coverage of the Conference has concentrated on points that restate the pharmacist's role. Both the NPA's survey of prescription errors, and the accusation that receptionists get between pharmacists and doctors to the detriment of the patient, made the television screens as well as the printed page — though on BBC's "Nationwide" the BMA's Dr John Ball did not believe the NPA's statistics represented "the over-all picture" (despite a 120,000 sample).

At the Conference banquet, the president suggested that the medicines Act, by separating medicines and poisons, had blurred public understanding that medicines are generally "poisonous". Thus, publicity given to side effects (as with Opren) makes people apprehensive of new discoveries. The result is a turning to quasi-medicines — "all the brews of the witches of Macbeth".

In such a climate the pharmacist must be regarded as an irreplaceable part of the health team — but, as the NPA brochure states, only if he is available to customers as often as possible, and ensures that his pharmacy reflects the campaign message. The future is up to every *individual,* but success will follow *all*-or-none laws.

Costs

The Pharmaceutical Services Negotiating Committee may be taking something of a risk by comparing doctor-dispensing costs with the remuneration of pharmacist NHS contractors (p465). The risk comes not from the figures, but from the lack of explanation to put them into context.

For example, if one reads the costs for a doctor and a chemist each dispensing the same numbers of prescriptions, it is not until the 2,000-plus level that the pharmacy becomes cheaper. But in reality, the average pharmacy dispenses far more scripts than the average doctor — some 2,900 against 600-800 — so that the vast majority of prescriptions can justifiably be said to be dispensed more economically by pharmacists.

The figures are also misleading for what they necessarily leave out. In particular they do not take account of the fact that doctors have many of their costs reimbursed directly — costs such as ancillary staff, which the pharmacist must pay from the remuneration he receives each month. However, one figure which is not in any doubt is the discount deducted from the pharmacist's net ingredient cost — a deduction notable for its absence from the doctors' table.

But at the end of the day what matters is the profit left when all expenses have been paid. The pharmacist has a negotiated profit margin of 4 per cent on turnover: the doctor is said to make something like 15 per cent. Pity the tables can't show *that!*

President calls for better image

The Pharmaceutical Society's president, Mr W. H. Howarth, is soon to write to all community pharmacists reminding them of their responsibility to the profession and "the advancement of its image" in the eyes of the public.

"That is where an improvement in public relations for pharmacy lies," he told the Conference opening session. There had been a barrage of demands for "better public relations" in the belief that it would cure all pharmacy's ills and result in the entire population waking every morning saying "God bless all pharmacists everywhere".

"I doubt if this idyllic picture will ever be painted," he said. "I think that the community will judge pharmacies generally by the standard of the pharmacy and the pharmacist they best know. Public relations lies very largely in the hands of individual pharmacists and the appearance of pharmacies in which they work."

Inspiring confidence

The national organisations concerned with community practice were united in the view that the profession must make a major effort to ensure that every community pharmacy inspired confidence and that the services provided left no doubt that they were an essential part of primary health care.

Mr Howarth said earlier that the profession had considered carefully the statement made by Dr Gerard Vaughan, then Health Minister, at the opening of last year's Conference, that he was uncertain what the future was for community pharmacists. He had said it was for pharmacists to work out their destiny and then for the Government to tell them whether it was legally, Parliamentarily and financially possible.

At least, that statement sounded like a suspended sentence, at worst like a death penalty, and "there is nothing like a sentence of death to concentrate the mind, "Mr Howarth continued. "There is one thing we know and that is that the practice of community pharmacy is not dead and it will certainly not lie down."

One of the Society's proposals that would have been "legally, Parliamentarily and financially possible" was that there should be greater pharmacy control of animal medicines. But the Ministry of Agriculture, Fisheries and Food was proposing to ignore the advice of the Veterinary Products Committee, set up by law to advise them. The VPC had recommended that the Merchants' List should continue for five years, after which sales would be under the direct supervision of pharmacists. Presumably these proposals were not acceptable politically, Mr Howarth suggested. Where now was the grandiose view that legislation was necessary to protect the community? he asked.

Absolute responsibility

Mr Howarth reminded his audience of the "Migril case" which had confirmed that the pharmacist had the final and absolute responsibility of deciding whether or not a prescription should be dispensed. The system whereby a doctor prescribed and a pharmacist dispensed was not intended for the financial benefit of either or both, but was designed to protect patients from those human errors which could creep into any process.

Referring to the EEC, Mr Howarth said that pharmacists were the only health professionals without the right of free movement but discussions were being complicated by the question of geographical distribution of pharmacies. On the one hand, all the community pharmacy organisations were insisting that pharmacists should be permitted to move freely only when there were geographical distribution arrangements in all EEC countries. But at least two member governments were opposed to that idea.

Explaining the Society's view, Mr Howarth said Council had always favoured a planned pharmacy service but believed that, because only a small proportion of the Society's members owned pharmacies, limitation affecting this small number should not prejudice the free movement of all pharmacists. "We do, however, urge that geographical distribution should be considered immediately and not, as has been suggested by the Commission, within some future health policy review."

Mr Howarth regretted that no progress had been made over the past year on implementing draft Directives on free movement. "It will be a sad day if, through lack of decision within the profession of Europe and as a result of political inertia, a decision has to be achieved through the European Court."

On pharmaceutical education, Mr Howarth said the Society had done everything possible over the past year to correct the misunderstandings which had led the University Grants Committee to propose serious cuts in the financing of pharmacy schools. If these finances were cut, student numbers and teaching staff would be cut and research would suffer. Mr Howarth drew attention to the new unit of experimental cancer chemotherapy set up at Aston University's pharmacy department and funded by a £1.25 million grant from the Cancer Research Campaign. Later in the week Professor Malcolm Stevens was to describe the first product resulting from work in the unit, a compound which showed considerable promise in treating malignancy. Yet the university had been singled out for a severe financial cut. "It just does not make sense," Mr Howarth said. "What a time to make such a cut!"

University cuts in perspective

Earlier Mr John MacKay, Minister For Health and Social Work, Scottish Office, had referred to the cuts in admissions this year to the three schools of pharmacies in Scottish universities. He said the cuts should be seen against a background where Scotland has a very sizeable share of Great Britain's output, producing about 150 final year students for the last university session.

The schools were involved, through local postgraduate committees, in providing continuing education for pharmacists in Scotland. Strathclyde University had recently developed a distance learning project that had been well receive by participating pharmacists. The "spontaneously formed" Scottish Pharmaceutical Research Group, comprising active researchers in academic and hospital work, was also making a valuable contribution to research at home and worldwide, complementing the worthwhile contribution of prominent

pharmacists to pharmacy and medicine.

Pharmacists were very much involved in direct patient care, both in hospital and in the community, said Mr MacKay. The independent contractor status of community pharmacists enabled them to provide retail services and a readily available source of advice to the public in addition to dispensing prescriptions. Pharmacists played a vital role, Mr MacKay said, in advising the public about health in such areas as medicines, dental health, obesity, smoking, family planning, personal hygiene and immunisation. Immunisation was extremely important at this time with the considerable rise in whooping cough cases and and the reappearance of diphtheria. "In many ways the public is slightly less inhibited in coming to talk to you on these matters than in talking to their doctors," said the Minister. "The 'Ask your pharmacist' campaign we are initiating will, I hope, improve the public's understanding of the role you play in the community."

Mr MacKay reported that the population of 400 pharmacists plus students in the Scottish Health Service had remained stable and effective in both the recent and earlier NHS re-organisation. Pharmacy arrangements had proved sufficiently flexible and dynamic to adapt to change.

PIP code welcomed

Mr MacKay acknowledged the influence of the computer in pharmacy and medicine. Scotland was to follow England and Wales in the computerisation of prescription pricing. Early indications from a Scottish trial suggested that a system of repeat prescribing by minicomputer should result in an improved control of prescriptions for the doctor. He said the recent advent of the Pharmaceutical Interface Product code [PIP code] would allow community pharmacists to retain their traditional flexibility in placing orders with different wholesalers.

Industry's record

Tribute was also paid by Mr MacKay to the Scottish pharmaceutical industry, which employed some 3,000 people with total production at around £150m per year. A drug development unit based at Ninewells Hospital, Dundee, had been funded by the Scottish Development Agency to provide facilities for both clinical and animal testing of new products coming from industry.

In conclusion, Mr MacKay said he had a very high regard for pharmacy in Scotland and the contribution it makes to health and the economy: "The Government is determined to improve the efficiency of the NHS so that maximum improvements can be obtained from the resources the country can afford."

Mr MacKay addresses the Conference on Monday.

"It's a memo from the president telling me to get a refit."

Next Martindale to go 'on-line' with 447 new drugs

The 28th edition of Martindale, to be published later this year, will list 447 new therapeutic compounds, according to the editor Mr Jim Reynolds.

About half the new compounds were cardiovascular and anti-infective agents, he said. Most had reached the stage of being tried in humans but it was difficult to predict how many would eventually be marketed. Of the 105 compounds, old and new, that became available in Britain during the five years since the previous edition of Martindale, the ones achieving the greatest success were the anti-infectives, if marketing a drug could be regarded as a successful endpoint.

Earlier, during the opening session, the Society's president Mr Howarth said that over 60,000 copies of the previous edition of Martindale had been sold and even more sales were expected of the 28th edition.

The new, computerised "Martindale Online" service was expected to be launched within the next year. A pharmacist or researcher in any part of the world would be able to contact instantly by telecommunication a source which would contain up-to-date information in the Martindale file on any substance. The information required would appear on a screen and if the inquirer needed further information he could question what was shown by using a keyboard.

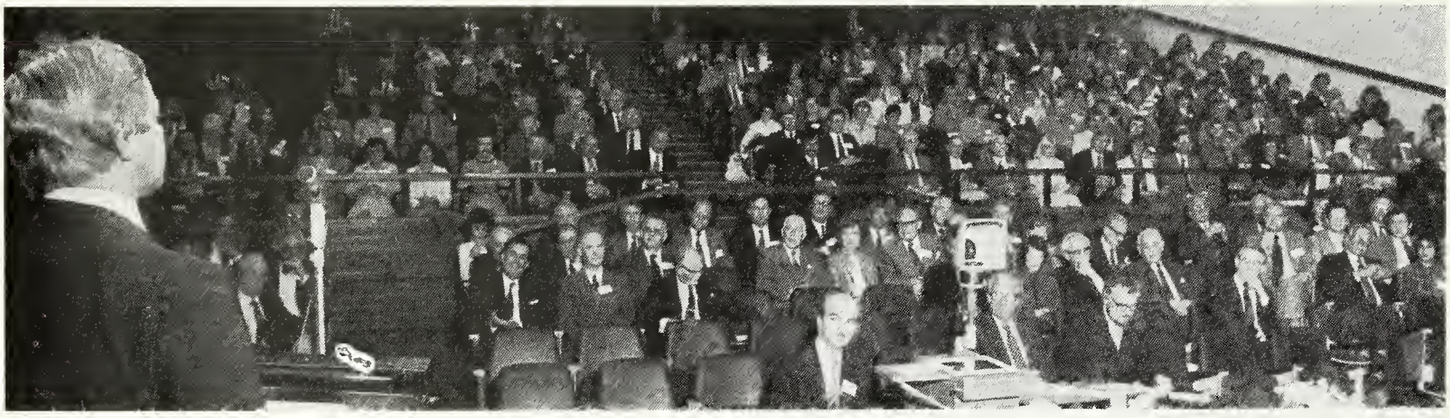
This computer databank represented a "first" for pharmacy. The inquirer would have to pay a fee, part of which would eventually come to the Society as a royalty.

Conference pictures, p462-463

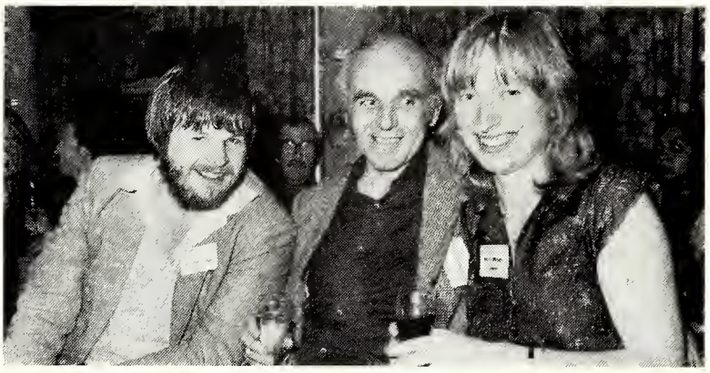
Session reports start p427

BP CONFERENCE

Pictures from Edinburgh this week: From the exhibition are one of the NPA's proposed Press advertisements (right), and computer demonstrations by Mr Richardson (left), Vestric and Park Systems (below right). Below is the professional session audience and at foot of page, practice research speakers — K. Free, N.L. Wood, B. Davies, J.A. Pearse, P.S. Dwyer and Dr M.C. Allwood



Left: Mr S. Pinch, Enfield, Mrs B. Whately, Enfield, Miss N. Jaffer, East Metropolitan and Mr and Mrs H.S. Thacker, Liverpool. Right: From Australia Mr R. Devon and Mr F. Kelaher and closer to home are Mr B.R. Phillipson, S. Cheshire, Mr B.A. Carlin, Birmingham and Mr S.H. Wallis, Ashton-under-Lyme



Enjoying a drink and a chat are (left:) Mr Herbert Grainger, Waltham Abbey, past president PSGB, secretary to European Pharmacopoeia Commission until his retirement, Mrs Birte Buckett, Nottingham and Mrs F.E. Horne, Hounslow. Right: Dr J.L. Ford, Mr E.G. Powell and Mrs G.H. Brensen all from Liverpool

Left: BPSA president Miss Ane Skipper and BPSA secretary Miss Rebecca Peach with Dr P. Gould, Sandwich and Miss E. Kelly of East Kent. Right: Mr and Mrs A.H. Overton, North Hants, with Mr G.A.B. Wikstrom of Sweden and lecturer in pharmacy in Ghana, Dr Y.B. Acheampong

Left: Dr G.G. Benson, Manchester, Mrs J. John, Hounslow, Mr J.T. Armstrong, Medway, Mr B.E. James, Hounslow, and Dr A. Chalmers, Switzerland. Right: Dr H.M. Pang, Surrey, Dr K. Pugh, London, Ms S.E. Wood, Weald of Kent, Mr M.S. Cheema, Brighton and Mr H.W. Cash, Barnet

Cojene. Your chance to help six million people.

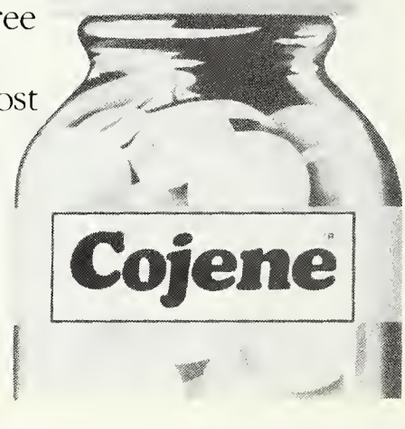
According to the Arthritis and Rheumatism Council, around six million people in Britain suffer from these painful and debilitating conditions.

Many of them are minor sufferers of rheumatic pain: they don't even see their doctors, but rely on their pharmacist for help.

Now you can recommend an analgesic which is especially formulated to help relieve rheumatic pain. Cojene.

Cojene contains three active ingredients: aspirin and codeine, balanced to produce the most effective combination to attack pain, and caffeine, a gentle stimulant designed to relieve the tiredness often associated with this type of pain.

Cojene is a pharmacy-restricted product, and rheumatism sufferers must rely on your recommendation. So give them the analgesic that's specially formulated to relieve rheumatic pain. You can recommend Cojene with confidence!



PSNC costs doctor dispensing; more support discount inquiry

More contractors have agreed to participate in the current discount inquiry, following the threat of "compulsion" made by the Department of Health in June.

This month's meeting of the Pharmaceutical Services Negotiating Committee was told that some contractors who had previously not responded would now participate — though *C&D* understands there has been no indication that the numbers are statistically acceptable to the DHSS.

A letter was received from the DHSS, informing the Committee that the Government has decided to review the arrangements for forecasting and controlling expenditure in the Family Practitioner Services and to see if improvements can be made. DHSS officials had already carried out an initial review and, additionally, an independent study is to be carried out by professional consultants.

FPC cash limits

The terms of reference of the study are: "To examine and review the arrangements for forecasting and control of expenditure on the family practitioner services including the possibility of operating a cash limit on part or all of the expenditure either separately or in conjunction with the hospital and community health services, and to make recommendations compatible with the contractual status of the professions, the structure of the health services and the present nature and extent of the clinical services provided".

The Committee was assured there is no possibility of changes inconsistent with the principle that the professions provide services on a contractual basis, or with the NHS structure within which they work; there is no question of re-opening Minister's decision to legislate for independent FPCs.

The Committee agreed that representatives would be available to meet the consultants, if requested.

A further meeting of the Pharmacy Review Panel to discuss pharmacists' profit margin was to be held on September 7 and it is anticipated that the Panel's findings will be reported to the Committee's October meeting.

Prescription Only Medicines (POMs) are still being prescribed on bulk prescriptions despite joint PSGB and PSNC representations to the DHSS. It was agreed to seek a further meeting to discuss the possibility of setting up an expert panel to consider which, if any, POMs might be prescribable on bulk prescription.

It was reported that the artwork for the "You and your chemist" leaflet had now been supplied to 103 Community Health Councils and 36 Local Pharmaceutical Committees. The PSNC office will, where specially requested by LPCs, "run-off" copies of the leaflet to be issued to the public through pharmacies.

Michael Fallon who, until November 1981, was the account executive of CSM (parliamentary consultants to the Committee) has been adopted as Conservative candidate for the Darlington constituency.

A letter was received from Dr Wills, chief pharmacist, DHSS, in reply to the Committee's concern that the announcement of the withdrawal of a product licence for Opren was announced to the public through the media prior to the information being given to the professions. Dr Wills said the feasibility of providing the pharmaceutical and medical professions with advance warning of the Licensing Authority's intentions was fully considered and was recognised to be highly desirable. However the strength of the advice received by the Committee on the Safety of Medicines, with the estimation that one or two further lives might be at risk for each week's delay in taking action, persuaded the Authority, albeit regretfully, that the suspension of the licence should be effected forthwith. Dr Wills further stated that it was impossible to keep the news from the media once it had been implemented. In future, the DHSS would strive to provide advance warning about similar actions but feared that when the issue is really serious it would not have the time to do so.

A letter was received from Mike Thomas MP, chairman of the SDP health and social services policy group, requesting the PSNC's comments on the Party's consultative document on health and social services policy "Fair treatment" (*C&D* June 26, p1148). The document will be considered by the contract and policy subcommittee.

Porcine insulin

Nordisk-UK will continue to supply porcine insulin, Mr Gordon Aylward, managing director, has said in a letter to the medical and pharmaceutical professions.

The statement follows speculation about the continuity of supplies following the introduction of "human" insulin by Novo Industri and Eli Lilly. Mr Aylward says there is no additional clinical benefit to the patient in "human" insulins, and the porcine product is cheaper. He does not foresee any shortage of pig pancreases despite increasing demand for insulin.

■ The 1982 "Register of Pharmacy Premises for Northern Ireland under the Medicines Act 1968" is now available from HM Stationery Office, Belfast, price £5.85. The Register also includes the registers of pharmaceutical chemists, registered druggists and students and the list of superintendents of bodies corporate, together with information on the Council of the Pharmaceutical Society of Northern Ireland.

A comparison between payments made to doctors and pharmacists for dispensing was received by the Committee. The figures, set out below, are based on an average net ingredient cost of £3.10

Pharmacists (p per Rx)

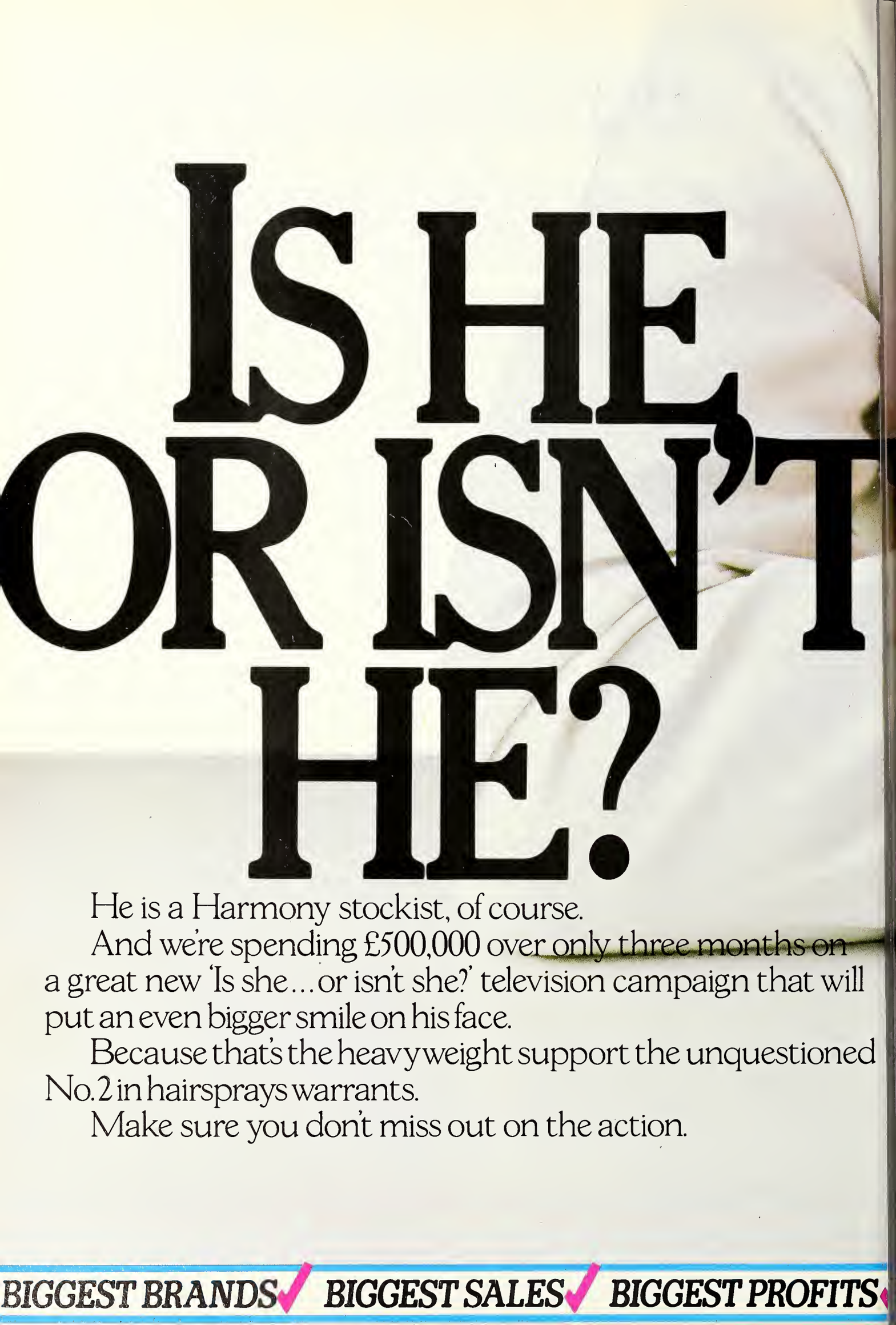
Rx per month	Fee	On-cost	BPA	Remuneration sub-total	NIC	Discount	Container	Sub-total	Total payment
400	40.50	74.09	50.00	164.59	310.00	(2.67)	3.80	311.13	475.72
600	40.50	69.13	33.33	142.96	310.00	(4.99)	3.80	308.81	451.77
800	40.50	66.34	25.00	131.84	310.00	(7.13)	3.80	306.67	438.51
1000	40.50	62.62	20.00	123.12	310.00	(8.71)	3.80	305.09	428.21
1250	40.50	56.42	16.00	112.92	310.00	(9.64)	3.80	304.16	417.08
1500	40.50	50.22	13.33	104.05	310.00	(11.04)	3.80	302.76	406.81
2000	40.50	38.75	10.00	89.25	310.00	(12.96)	3.80	300.84	390.09
2500	40.50	35.65	8.00	84.15	310.00	(14.82)	3.80	298.98	383.13
3000	40.50	33.79	6.67	80.96	310.00	(16.83)	3.80	296.97	377.93

Dispensing doctors (p per Rx)

400	59.2	32.55	91.75	310.00	3.80	313.80	405.55
600	57.5	32.55	90.05	310.00	3.80	313.80	403.85
800	53.5	32.55	86.05	310.00	3.80	313.80	399.85
1000	51.1	32.55	83.65	310.00	3.80	313.80	397.45
1250	51.1	32.55	83.65	310.00	3.80	313.80	397.45
1500	51.1	32.55	83.65	310.00	3.80	313.80	397.45
2000	50.6	32.55	83.15	310.00	3.80	313.80	396.95
2500	49.5	32.55	82.05	310.00	3.80	313.80	395.85
3000	48.7	32.55	81.25	310.00	3.80	313.80	395.05

Notes:
BPA Dispensing doctors receive a Basic Practice Allowance but this is not specifically related to dispensing services.

Discount No discount is deducted from dispensing doctors' drug cost reimbursement.



IS HE OR ISN'T HE?

He is a Harmony stockist, of course.

And we're spending £500,000 over only three months on a great new 'Is she... or isn't she?' television campaign that will put an even bigger smile on his face.

Because that's the heavyweight support the unquestioned No. 2 in hairsprays warrants.

Make sure you don't miss out on the action.

BIGGEST BRANDS ✓ BIGGEST SALES ✓ BIGGEST PROFITS

Now a £500,000 campaign on TV over just 3 months.

OM THE BIGGEST NAME IN TOILETRIES. ELIDA GIBBS

Aspartame launch early next year?

G. D. Searle & Co are hoping to market aspartame in the UK early next year.

It will be launched as a tabletop sweetener under the brand name Canderel, a name already used in Ireland where the product was introduced last month, and in France, Belgium and Luxembourg. Marketed by Searle Consumer Products, it will be available initially as tablets equivalent in sweetness to one teaspoonful of sugar but containing less than one-third of a calorie instead of 20. Sales will be through pharmacies and grocery outlets.

The exact date of the launch depends on the compound's approval under the Sweeteners in Food Regulations, yet to be laid before Parliament. Earlier this year the Food Additives and Contaminants Committee recommended that aspartame be permitted under the Food and Drugs Act (*C&D*, March 20, p482) and it has been submitted for consideration to the Ministry of Agriculture, Fisheries and Food who are formulating the regulations. In all, it has been approved as a tabletop sweetener in 16 other countries and as a food additive in four countries.

Product advantages

The advantages of aspartame are that it tastes almost identical to sugar, has no bitter after-taste and has flavour-enhancing properties, particularly with fruits. It has undergone extensive safety testing since its discovery in 1965.

It is a dipeptide formed from L-aspartic acid and the methyl ester of L-phenylalanine. Like other proteins, aspartame provides 4 calories per gram but as it is about 180-200 times sweeter than sugar, only minute quantities need be used. It is metabolised by the same biochemical pathways as proteins and is broken down into phenylalanine, aspartic acid and methanol. While safety studies indicate that the general population can use aspartame without restriction, all products sweetened with it will carry the statement "PKU notice: contains phenylalanine" as a warning to parents of children with phenylketonuria.

Research is being done into its possible use as a sweetener for pharmaceuticals, eg. children's vitamin preparations in dry form. Unlike sugar, aspartame cannot provide bulk, texture and preservative qualities so its main use in foods will be in those products where sweetness only is needed — drinks, dessert mixes, cereals, chewing gum, etc. It hydrolyses at high temperatures so in its present form it is not suitable for use in baking.

Pharmacist spots script fraud

A perceptive pharmacist who noticed an alteration in the number of sleeping tablets required on a doctor's prescription called in the police after the doctor himself confirmed that there had been some sort of fraud.

The pharmacist of Cross & Herbert, High Street, Ponders End, had already handed over 156 Valium tablets and 128 Mogadon tablets to the girl before his suspicions were aroused.

At a Tottenham court last week Ms Gillian Doyle, 29, unemployed and Mr George Glover, 28, unemployed, both of Curlew House, Ponders End, Enfield, were placed on probation for two years and ordered to do 120 hours community service, respectively, after admitting obtaining the tablets by deception and being concerned in the disposal of the tablets.

The court heard that Doyle altered the prescription to read 100 tablets more in each case and when the police called round to their flat, Glover hid them in the waste disposal unit of the sink.

Pharmacy numbers

The number of pharmacies on the Society's Register rose by 10 in August, with 23 shops opening and 13 closing. The number of registered premises now stands at 10,732, compared with 10,661 at the same time last year. In the last six months there has been a net gain of 47 pharmacies to the Register.

In England 20 pharmacies opened in August (three in London) and 10 closed. One opened in Scotland, and one closed, while in Wales two pharmacies opened and two closed.

College of Pharmacy Practice awards

Two awards have been announced for 1983 by the College of Pharmacy Practice, and applications are invited for both.

The Geistlich Chester award is open to preregistration graduates and pharmacists employed in the hospital service. Applications are invited on two topics: investigations into the positive contributions which a pharmacist can make to rational and cost-effective prescribing and treatment in hospitals, or parental feeding and its related clinical, nursing and biochemical involvements. The award will cover any relevant costs, and can include an amount to cover the cost of spending a short residential period away from home to compile the results into a draft paper for publication.

The Vestric travel award is open to registered pharmacists. The purpose of the award is to support an overseas visit, normally of about one week, to undertake a study which will be of direct relevance to community or hospital pharmacy. The applicant will be required to prepare a report and present it to an open meeting arranged by the College. The award will be up to £1,000, and cover travel and accommodation, and locum fees where applicable. The award will be announced during January and the visit will be expected to take place before August — the report will be presented in November.

The College will provide advice and typing assistance if required. All application forms must be received by the College by December 31. Application forms and further details are available from *The Secretary, The College of Pharmacy Practice, 1 Lambeth High Street, London SE1 7JN.*

PEOPLE

Prescription survey wins *C&D* medal

The *C&D* Research Medal and Award for the best presentation at the BP Conference practice research session has been won by Mr K.H. Free, MPS. Mr Free presented one of two papers on a survey of prescriptions dispensed in East Anglia carried out by M. Allwood, K. Free, J. Taylor and N. Wood on behalf of the Pharmaceutical Society's Anglia Regional Committee.

He describes himself as a "pharmaceutical officer without portfolio" who has "latched onto" the North East Essex Health Authority. He qualified in 1958 and gained his degree at the School of Pharmacy, University of London. After holding appointments in several hospitals Mr Free became area pharmaceutical officer in Essex in 1974, a position he held until the reorganisation of the hospital service earlier this year.

Mr W. H. Williams, MPS, of Jacksons (St Austell) Ltd in Cornwall has been made a bard at the Cornish Gorsedd (similar to the Welsh Eisteddfod) for his work in promoting choral singing. Bardships are offered for either passing an exam in the Cornish language, or for services to the arts — 13 were awarded this year. Mr Williams won the accolade for inaugarating an open championship for male voice choirs, which has been running successfully for three years.

Dr Philip H. Connell, MD, FRCP, FRCPsych, DPM, has been appointed chairman of the Advisory Council on the Misuse of Drugs. He succeeds Sir Robert Bradlaw who retired at the beginning of this year. Dr Connell is director of the Drug Dependence Clinical Research and Treatment Unit at Maudsley Hospital in London, and chairman of the Institute for the Study of Drug Dependence. He also advises the chief medical officer, Sir Henry Yellowlees, on drug abuse. While he was not a member of the Advisory Council before this appointment, Dr Connell was a co-opted member of the Council's working group on treatment and rehabilitation. Its report was recently endorsed by the Council and submitted to ministers.

News in brief

The Department of Industry retail sales index showed a rise of 12 per cent to 169 in July (1978 = 100) for dispensing chemists (NHS receipts are excluded). This compares with a 9 per cent rise to 152 for all businesses. Provisional estimate for August is 108.

TOPICAL REFLECTIONS

By Xrayser

Moans again

Time was when you could ring your wholesaler, ask for Tom, and give him your query, knowing you would be on the same wavelength. Tom more often than not had been with the firm for years, or was a pharmacist used to dealing with problems as an equal, but with superior knowledge of what was around.

I'm not lazy, but find there are occasions when I haven't the time to search for a piece of information, or haven't the appropriate reference, and need to know what is available so I can order correctly. Recently such a problem cropped up. I looked out the glossy sheet of who's who at my major supplier and, reflecting the confidence engendered by the document, telephoned and asked for the right person by name. "Sorry, he's on holiday." Fair enough. "Can you put me on to his assistant please?" Without thinking I had assumed the person who took my phone call was a telephonist, and from the voice had conjured up a vision of a comfortable 40-year-old part-timer with a teenage family, so was surprised to hear "That' s me, can I help you?" "Yes," I thought, and started to give details.

"What size did you say?" she interrupted. "Two litre," I repeated. "Two eater," she queried. "Oh" she said. "What is the maker's catalogue number?" I didn't know but gave a description of the product. Without labouring the point you can guess the circular route I found myself travelling was not at all that I had hoped for, since it ended up with a pathetic "It doesn't say anything about two metre on the computer".

I regret to say I got a bit shirty at this because the person supposed to deal with my query plainly didn't know the first thing about the products she was handling: nor could I find anyone else who did after a series of shunts around, with long waits all building up on my phone bill. It's not only frustrating but makes me look an idiot when, as in this case, the delivery brings an item quite different from that which I had clearly described.

Is it no longer permissible for an order-taker to get off the computer terminal and actually go and look at the products? It used to be called service.

P.Com

I know a pharmacist in my old town who, presumably to enhance his standing in the community had his name writ large over his premises "H. Blonks MPS, PhC, PDA" (I've made the name up). The PhC stood for pharmaceutical chemist, and the PDA for Photographic Dealers Association. He seemed impervious to the sly digs from colleagues. But I can't help wondering what he will do now the PDA is no longer functioning? He might try P.Com (community pharmacist) although it might lead to confusion with the Communist party! On the other hand it could be a wonderful title to indicate an up-to-date P (pharmacist) Com (computerised). Which brings me nicely to the "Computers in Pharmacy" feature in last week's *C&D*.

Toytime

I still think they are toys for the boys . . . but who said I wasn't a boy? I have to admit an interest, and when I have finished writing/gardening/flying/ decorating/racing/motoring/ travelling/working/talking/ I will probably buy one in my old age for a bit of fun. I might even buy one sooner since there is something fascinating about the magic of their operation.

But it looks to me that if you are going to buy you had better be crystal clear about what applications you intend to use it for. Never have I seen prospective budgets rocket up so quickly as in the so-easy explanations of the limitless capacity of these minimarvels. It seems they can be programmed to do anything. And there's the rub — you can buy your computer reasonably enough, but the programmes! And the extra drives, and the VDU, and the printers! Some of the cheap dot-matrix printers are awful and present only rudimentary capital letters. Others have what they call "descenders" which don't descend (like well-trained piles). For a decent quality print you have to have a daisy-wheel printer.

Another big con is the service charge. The proprietary firms talk about 10 per cent of cost as an annual maintenance charge. It *can't* cost £150 labour to clean the thing once a year. (Though if you have seen the mess in some of the pharmacy label printers, you *might* have to get them serviced fairly frequently.) And what happens if a self-adhesive label gets lost in the works? For that money you could buy a new typewriter every year or so and throw it away when it gets dirty . . .

The truth seems to be that pharmacists have brains which are under-utilised and so are naturally attracted to things which bid fair to stretch them. But for the time being I'm going to watch and wait until the prices drop, or the wholesalers come up with a suitable deal — the latter being the most likely, I suspect.

Four sterli

Colourcare Photo Service, Downton Laboratory

R. H. Williams, Haverfordwest

Four more processing laboratories have qualified for the Kodak Silver Award for Quality, joining three earlier winners in the rush for gold.

They are:

May/June Winners.

Colourcare Photo Service, Downton Laboratory.
R. H. Williams, Haverfordwest.

June/July Winners.

Photographic Services (N.W.) Ltd., Wallasey.
E. M. Photosonic Ltd., Edgware.

In the 1982 new scoring system, the Kodak Silver Award goes to a laboratory which achieves consistently high quality photofinishing on 'Kodak' Paper for two consecutive month and qualifies for the monthly Table of Merit.

If the lab maintains this performance fo four consecutive months, it wins the Kodak Gold Award, the highest in the scheme.

Table of Merit for June, 1982.

Congratulations are in order to the following independent photofinishers who a place in the June Table of Merit:

Colourcare Photo Service, Downton Laborat
B. Alan Freegard, Poole.
Grunwick Processing Laboratories Ltd., (Darkroom Service), Borehamwood.
Photographic Services (N.W.) Ltd., Wallasey.

g winners.

Photographic Services (N.W.) Ltd., Wallasey.

E. M. Photosonic Ltd., Edgware.

M. Photosonic Ltd., Edgware.
egency Film Services, Enfield.
H. Williams, Haverfordwest.

And for July, 1982.

olourcare Photo Service, Downton Laboratory.
urofotos Ltd., London.
Alan Freegard Ltd., Poole.
apcolour Ltd., Liskeard.
notographic Services (N.W.) Ltd., Wallasey.
M. Photosonic Ltd., Edgware.
egency Film Services, Enfield.
cottish Colorfoto Ltd., Alexandria.
obert Simson, Dumfries.
H. Williams, Haverfordwest.

A reminder about the
Kodak Award for Quality.

The competition is open to all independent photofinishers who use Kodak 'Ektacolor' Paper and formulated chemicals.

Kodak and its subsidiary companies are excluded.

All photofinishers who regularly and continuously return full sets of quality monitoring strips to the Kodak Finisher Monitoring Service are automatically included in the scheme, which runs from April to December, 1982.

Smile. It's on 'Kodak' paper.

Kodak

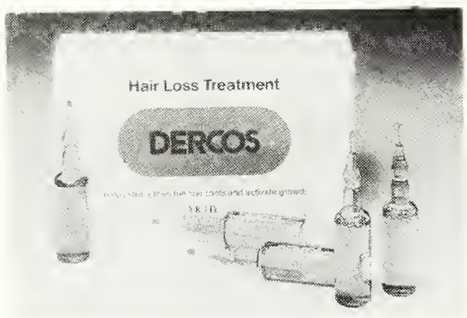
Kodak and Ektacolor are trade marks.

Hair treatment launch and two Autumn promotions by Vichy

Vichy are expanding their activity into the haircare market with the launch of Dercos hair loss treatment, available in two pack sizes (6 × 10ml ampoules, £7.60; 12 × 10ml ampoules, £12.60). In France research has found that 63 per cent of buyers and 53 per cent of users are women, their average age being 38-39. For men the average age was 33.

The company is also running two Autumn promotions. A 250ml bottle of cleansing milk and tonic lotion will be available for the price of a 150ml bottle and a 175ml bottle of eye make-up remover lotion will be available for £2.90, the price of a 125ml size.

The "mini" skin care range is back on sale again at £0.69. This includes 40ml sizes of Vichy cleansing milk and tonic



lotion, 10ml tubes of Emulsions Essentielles, 5ml tubes of Equalia, tinted Equalia (doré only) and Vichyderm, with foundation cream, and eye make-up remover lotion available in 20ml sizes. *Vichy (UK) Ltd, Asheville Trading Estate, Nuffield Way, Abingdon, Oxon*

Haircare units

Clairol have introduced new POS units for Nice 'n Easy, Clairesse and Born Blonde which, they believe, educate potential customers, are innovative in the way shade information is present and communicate a more cosmetic image for Clairol. The units are flexible and can be used for each Clairol brand in varying in-store situations.

Research by Clairol has shown that display units for hair colourants increase sales by as much as 35 per cent. More recent research, they say, has also shown that the potential customers want a system that makes colour selection easy.

The new Clairol unit uses a slide-rule

method — 'the Clairol shade check' — with which the customer can select her natural hair colour and see at a glance the colour it would be with her chosen variant. *Bristol Myers Co Ltd, Station Road, Langley, Bucks SL3 6EB.*

Baby feeding pack from Suba-Seal

Suba-Seal have gift-wrapped their latest 4oz and 8oz polycarbonate feeding bottles in a "Complete baby feeding pack" together with silicone rubber teats, a comforter, mini feeder, two teethers and a cot hot water bottle (£7.76).

The bottles have no rim on the inside edge so that no bacteria can be accidentally trapped — they can be sterilised by any method. A finger tip has been moulded into the bottle for easier handling. The durable Suba-Cone teats should last the child from birth to weaning, say the company.

The Streamline cot bottle seal is said to be "baby-proof". The pack is completed by a latex teat for the mini feeder, and a cleaning brush. The teethers are a plastic triangle and a silicone soft ring. *William Freeman & Co Ltd, Staincross, Barnsley.*

PRESCRIPTION SPECIALITIES

Fabrol

Manufacturer Ciba-Geigy Pharmaceuticals Division, Wimblehurst Road, Horsham, West Sussex RH12 4AB
Description Pale yellow, orange flavoured granules in sachets, each containing 200mg acetylcysteine
Indications In acute and chronic bronchitis and other respiratory tract infections where the condition is associated with the production of viscous mucus. Given on a long term basis in chronic bronchitis, it progressively improves symptoms due to mucus hypersecretion and substantially reduces the rate of infectious exacerbations. Acetylcysteine has an intense mucolytic action on mucoid and mucopurulent secretions due to its ability to split disulphide bonds in mucus glycoprotein
Dosage Adults: one sachet (200mg) three times daily. Children: up to two years, one sachet daily; two to six years, one sachet twice daily. The granules should be dissolved in water before administration. In acute cases a treatment period of five to ten days is usually adequate. In chronic bronchitis relief of symptoms may be noticeable after one or two months, but treatment may be continued for up to six months
Contraindications Hypersensitivity to acetylcysteine
Precautions Each sachet contains 2.7g sucrose, which should be taken into account when treating diabetics. Acetylcysteine can be administered concurrently with amoxycillin, doxycycline and erythromycin. When other oral antibiotics or drugs are being used, they should be administered 1-2 hours apart from acetylcysteine. Administration during pregnancy is advised only if there are compelling reasons
Pharmaceutical precautions Addition of other drugs to acetylcysteine solution should be avoided
Packs Boxes of 30 sachets (£6.05 trade)
Supply restrictions Prescription only
Issued September 1982■

Ubretid packs

Ubretid 5mg tablets will shortly appear in securitainers, to replace the previously used strip pack. The tablets will be available in 30 tablet packs (£20.20) and 100 tablet packs (£55.62). The new sizes will be supplied against all orders as existing stocks run out. Orders for the 20 tablet strip pack will be filled with the new 30 tablet securitainer. *1Berk Pharmaceuticals Ltd, St Leonards Road, Eastbourne, Sussex BN21 3YG.*

Clopixol correction

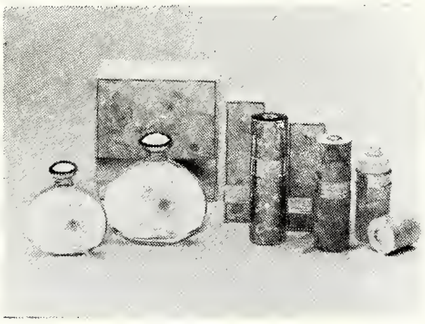
C&D regrets a monograph in last week's Prescription Specialities was incorrectly headed. It should have read Clopixol tablets (clopenthixol 10 and 25mg), an antipsychotic drug manufactured by *Lundbeck Ltd, Luton, Beds LU1 5BE.*

Fragrance launch by Nina Ricci

Fleur de Fleurs is the latest fragrance to be introduced by Nina Ricci. Described as a parfum de toilette version of Nina Ricci's Eau de Fleurs, the company claims that "the enriched concentration, the aura and the long-lasting qualities of Fleur de Fleurs were especially studied to meet the expectations of today's women, who like to use perfume freely without constraints or complexes."

Packaging comprises Lalique crystal signed flacons coming in pastel gift boxes with gold trim. Prices begin at £13.50 for a 50ml atomiser (£9.50 for refill), rising to £33.50 for a 200ml flacon. The opening parcel comprises 6 × 50ml, 3 × 100ml and 1 × 200ml flacons with 12 × 50ml, 6 × 100ml sprays and three refills for each. (trade price £296.26.)

Window cards, display stands, testers, refills and samples are available as support. Advertising will run from October through to Christmas in *Vogue, Beauty and Vogue, Cosmopolitan and Woman's Journal* as well as a December issue of the *Sunday Times* magazine. *Nina Ricci (UK) Ltd, 6 Brook Street, London W1.*



Fleur de Fleurs is described as a parfum de toilette version of Eau de Fleurs

Mentholated linctus as Benylin addition

Benylin mentholated linctus, just launched into the £28m cough medicine market, contains a cough suppressant (dextromethorphan) and nasal decongestant (psuedoephedrine) and is, say manufacturers Warner-Lambert, formulated especially for the relief of coughs and nasal congestion.

Warner-Lambert see this as a growing sector of the cough market in which Benylin is said to be brand leader.

"The growth of this sector of the prescription market indicates consumer need for this type of product," says a company spokesman. "We have therefore identified a similar opportunity in the OTC market and aim to capitalise on this."

The linctus is a menthol-flavoured green liquid contained in 125ml glass bottles (£1.29) — packs are a "distinctive" green.

POS material and a shelf strip is available from the sales force. *Warner-Lambert Health Care Division, Southampton Road, Eastleigh, Hants.*

Milupa rusks in three varieties

Milupa are introducing three "hold in the hand" rusks based on the 7 cereals theme. The low sugar rusks will sell at £0.79 and are, say the company, aimed at the high quality end of the market.

Available in three varieties — 7 cereal breakfast, fruit and savoury ingredients include seven cereals, 12 vitamins, calcium and iron. Additionally the fruit rusks contain orange, apricot, pineapple and rosehip and the savoury variety, carrot and tomato.

The launch of the new rusk will complement Milupa's granulated weaning rusk and will be supported by advertising in the para-medical, consumer and trade Press, "extensive" sampling and promotional material. *Milupa Ltd, Hercies Road, Hillingdon UB10 9NA.*

COUNTERPOINTS

Slimgard's all-in-one Brunch

Slimgard Brunch is described as a new concept in the slimming market, being aimed at both the weight-watcher and the slimmer. It is a complete replacement meal of 275 calories, comprising a tub of toasted cereal and a vitaminised fruit drink (in powder form for mixing with water).

Beecham Proprietary Medicines say research shows that slimmers and general weight-watchers are now favouring solid foods that have appetite appeal. Slimgard Brunch cereal contains rolled oats, wheatgerm, nuts and raisins. It is packed in a tub which ensures a controlled portion size, and makes the product easy and convenient to use. Milk should be added to the cereal (either ordinary or skimmed), bringing the calorie content to 249 calories per serving (233 calories with skimmed milk).

Fruit drinks are available in orange, grapefruit and apple and are sachet packed. They include vitamins A, B, B_2, C, D, niacin and folic acid, and provide 25 calories.

Slimgard Brunch (£0.48) is available in pre-packed units holding six packs of the three flavours. There will be an introductory offer for the consumer of "three packs for 99p", and introductory terms for the trade. *Beecham Proprietary Medicines, Brentford, Middlesex.*

Minima party liners launched by Bowater-Scott (C&D last week p424) are available in boxes of 10. Introductory price-marked packs are available. Bowater-Scott Corporation Ltd, East Grinstead, West Sussex

New kitchen towel and camera offer

Dixcel are introducing a new kitchen towel called Little Tough Guy, available in white, beige and green price at around £0.55 per two roll pack (60 sheets per roll). A 10p-off next purchase coupon will be carried on the introductory packs.

The company is also offering free cameras on their regular or mansize tissues. Customers have to send in six tokens from Dixcel packs carrying the camera offer, together with £2.75 towards the cost of film processing. In return they will receive a Nova 110FX camera complete with flash, a colour film and a processing voucher. Alternatively the offer is available for £4 to customers sending in only 2 tokens. Offer packs will be available from mid-September, *British Tissues Ltd, Slough, Berks SL1 3DT.*

BDC offer Harrods!

Purchasers of electricals through BDC over the next three months will be eligible for a bonus in the form of Harrods food and wine or Harrods gift vouchers.

The wholesaler's latest 188p monthly catalogue, *BDC Times,* lists products from Moulinex, Philips, Tefal, Morphy Richards, Carmen, Swan and Goblin which carry Harrods bonus points. Ten points are given with a £200 order (excluding VAT) placed before November 30, with a further three points for each additional £50 on the same order. The points can be used against a selection of Harrods Christmas fare. *British Distribution Co, 590 Green Lanes, London N8 0RA.*

Kleenex pack update

Kimberly-Clark are introducing new pack designs for Kleenex regular tissues. The white tissues will be available in packs with alternating brown and white stripes bearing a flower motif in beige, orange, grey and brown. Multicolour packs feature green, blue, pink and yellow flowers on a white and blue striped background. The new packs carry a 10p-off next purchase coupon printed on the reverse. *Kimberly-Clark Ltd, Larkfield, Nr Maidstone, Kent.*

Derbac supplies

Derbac combs are once again available following production difficulties and are on offer at a special bonus price until October 22. This offer applies to a minimum of five outers and increases margins to 18 per cent says the company. *Syntex Pharmaceuticals Ltd, St Ives Road, Maidenhead, Berks SL6 1RD.*

A.H. Cox in Autumn

Autumn offers from A. H. Cox are available on Mackenzie decongestant tablets, bronchial mixture, children's cherry cough syrup, antitussive linctus, cold discs, nasal spray, pain relief tablets and Tyroco antiseptic throat tablets. The lines are available in multiples of one dozen and will be charged 12 as 10 for 6 dozen and 12 as 9 for 12 dozen. *Arthur H. Cox & Co Ltd, Whiddon Valley, Barnstaple, North Devon EX32 8NS.*

Scholl correction

The Scholl sandal business grew by 41 per cent and not 14 per cent as stated in *C&D* last week (p373).

FLUORIDE TOOTHPASTES:

WHEN THE ONLY DIFFERENCE IS PRICE- IT COSTS *YOU* MONEY TOO.

IS THERE AN ANSWER?

INTRODUCING THE MO
DEVELOPMENT IN TOOT

SIGNIFICANT MARKET PASTE SINCE FLUORIDE.

Fluoride revolutionised the market.

But once all toothpastes contained fluoride, price became the only effective difference. Consequently, 13% more sales over the last 5 years are worth 18% less in real terms.

We all make less and less selling more and more.

Mentadent P will lead us all out of the fluoride price war.

It is a major innovation in the market–it will open up a totally new sector. Mentadent P helps protect gums as well as teeth.

BIGGER SALES–BIGGER MARGINS.

91% of everyone over 15 has gum disease.

No wonder Mentadent P proved so popular in our market tests–tests which prove that Mentadent P will sell consistently at a price 10% to 15% above normal toothpastes.

Mentadent P will <u>not</u> require, nor receive, price promotions.

£6.5 MILLION SUPPORT.

We've all waited a long time for the answer to falling profit margins.

Now we have the answer, we're selling it hard with £6.5 million support over the next 12 months–our biggest launch ever.

TV, press, coupons, sampling, in-store support, extensive PR– nothing has been spared.

MENTADENT P.
BUILDING BACK THE MARGINS.

Gibbs launch new toothpaste to combat gum disease

Elida Gibbs are launching Mentadent P, a toothpaste which, they say, combats the growing problem of gum disease. According to the company, only one in three of adults regularly visiting the dentist say they have been given advice on gum care although 87 per cent of them have some form of gum problem.

Coincidence or not, they point out that tooth decay has become a decreasing problem as the use of fluoride toothpaste has grown from 5 per cent in 1970 to a current level of 95 per cent of all toothpaste sold. But while awareness of plaque may now be high, gum disease is a growing problem.

One survey shows that over 50 per cent of school children agred 15-16 had a high level of gum disease with the incidence increasing to 88 per cent in the 25-29 age category. Gibbs conclude the average person nowadays is more likely to lose teeth from gum disease than decay.

Further statistics in the Adult Dental Health Survey (Volume II) show that while 91 per cent of the adult population suffer from some symptoms of gum disease only 4 per cent of the population are aware of the problem.

Bactericide included

Mentadent P (the P stands for protection) contains a bactericide, in addition to a fluoride, which together protect the gums as well as the teeth. Each pack contains a "prevention plan" leaflet explaining the cause of gum disorders and suggesting a routine of dental care and cleaning. A range of Mentadent dental care products and educational aids will be distributed free to dentists. The kit will include an anti-plaque brush, Mentadent dental floss, test disclosing tablets and an angled dental mirror. Information booklets and leaflets are also available, for distribution via dentists, written in differing styles to appeal to the whole family.

The toothpaste itself is described as a smooth pink paste and having a high foaming action. Its medicinal taste reminds people of the "water" in the dentist's surgery say Gibbs. Available in three sizes — large, economy and family (£0.62, £0.89 and £1.11), a support budget of £6½m for mentadent is promised for television and press advertising in the first 18 months. Free standing floor units and shelf edged trays will be available.

Sheenagh Gemmell product brand manager believes the consumer is no longer swayed by "magic rings or cartoon rubbers" as in the television advertising for existing products. For Mentadent P the theme of the advertising will be an analogy of a tree and its roots showing how teeth depend on gums for support.

Elida Gibbs are attacking gum disease with the launch of Mentadent P. A free-standing floor unit in red, white and black is available for display

Gibbs further argue that on the Continent where gum health brands are already available, they have a 25 per cent value share of the French market, and 50 and 58 per cent share of the German and Austrian markets.

Gibbs have also started publishing an annual report looking at the dental market. They find that the British population is now using 40 per cent more toothpaste than in the early '70s — an amount that would stretch for 175,000 miles, going around the world seven times. Chemists, they find, are still responsible for well over a quarter of toothpaste sales — a proportion that has declined a little in recent years.

Looking at the condition of teeth in the UK, while the general condition of teeth is much better than it used to be, a survey found that on average while Scottish people had more missing teeth and fewer sound teeth, the English Midland displayed the largest numbers of sound and untreated teeth, averaging over 14 per cent per adult mouth. Southerners, it was found, had the largest numbers of filled teeth at nearly nine apiece. Copies of the report are available on receipt of a 9 × 12in sae (£0.20½) from *Hazel Green, Shandwick PR Co Ltd, 50 Upper Brook Street, London W1Y 1PG.*

Seven Seas addition

Seven Seas have added a stabilised wheat germ (250mg and 500mg, £0.55 and £0.95) to their range of natural health products. The company believes its long shelf life will encourage retailers to stock it. Containing essential B vitamins, vitamin E, protein and iron, Seven Seas stabilised wheat germ is said to have a pleasant nutty flavour and can be used as either a cooking aid, a cereal supplement, a source of vitamins or a palatable alternative to bran. *British Cod Liver Oils Ltd, Marfleet, Hull.*

Colour cosmetics with Henna

Henna Hair Health are launching Henara Henna eye shadows and powder blushers. Henara Henna, in the form of neutral henna, is used not to colour but to condition and soothe they say. Other natural conditioning ingredients include sesame oil and calendula oil from the marigold plant which also has mild astringent properties. The eye-shadows (£2.95), in powder form, come in five soft Autumn colours — grey, green, brown, mauve and blue and there is also a silky creme highlighter and two sponge applicators. Three shades have been selected for the Henara Henna blushers range (£2.95) which can be used on their own or blended. Finally there is a blusher applicator and one of the blushers can be used as a shader. All the colours come presented in a paintbox kit. *Henna Hair Health Ltd, Classic House, 174 Old Street, London EC1V 9BP.*

ON TV NEXT WEEK

Ln	London	**WW**	Wales & West	**We**	Westward
M	Midlands	**So**	South	**B**	Border
Lc	Lancs	**NE**	North-east	**G**	Grampian
Y	Yorkshire	**A**	Anglia	**E**	Eireann
Sc	Scotland	**U**	Ulster	**Cl**	Channel Is

Anadin:	All areas
Askit powders:	Sc
Batiste Shampoo:	Ln, M
Harmony hairspray:	All areas
Hedex:	U, E
Jo-ba natural hair products:	Y
Oil of Ulay:	Ln,M,Lc,So
Paddi Cosifits:	All areas
Philips Air Cleaner:	All areas
Robinson's baby foods:	All areas
Zest toilet soap:	All areas

Whatever your
yle, you'll appreciate
ie best. The Addis
Iairdresser range is
eautiful, durable and
ractical, designed in
onsultation with top stylists.
Our brushes are recommended
y the current World Cup
airdressing team.

Every Addis Brush is made to
ie highest technical standards,
ie modern development of a 200
ear tradition of master
rushmaking.

For more details of the Addis Hairdresser range of brushes and styling tools send for your free leaflet to Hair Care Dept., Addis Ltd., Ware Road, Hertford, Herts SG13 7HL.

Name_____

Address_____

CD18/9

ADDIS
Caring for health and beauty.

Buying a computer....? Some points to ponder

The supplier

How long has the supplier been in the computer business, and is he committed to pharmacy computer systems? How many systems has he installed, and where are his service and support locations? Dealing with a manufacturer usually assures compatible equipment — a dealer may offer compatible equipment from several sources.

What services does the supplier provide relating to installation, user training, maintenance, documentation, program support? How much responsibility does the supplier assume for system installation and software (especially if coming through a dealer network.)!

Does a supplier quote all costs — hardware, software, training, installation, maintenance etc? Is the installation schedule realistic?

What are the terms of the supplier's warranty, and does he provide a maintenance schedule?

Visit a pharmacy where the system is installed and get a user opinion.

The software

The software controls the computer and the peripherals. Applications packages are programs that handle specific business functions eg. label printing, stock control, invoicing, accounting. The dealer may not always supply the software package. Some pharmacy systems do not have separate software — the program is "burnt in" on a chip which is incorporated as part of the hardware.

What software is available and applicable to pharmacy retailing? Does the supplier support and maintain the software (eg. alterations to a VAT program every budget!)?

Can an applications package be tailored to your specific requirements? Does the program allow you to print your own labels, or will you require pre-printed stationary? Do you want a menu prompt for each step of the operation?

What is the programming language, is it commonly used and is it compatible with a service bureau's computer if you use one?

Are interfacing capabilities available for sending data to other computers or printers, if required?

Do you want security features to limit access to programs?

It may help to use a program in an industry-standard language, so problems are minimised no matter who wrote the program. Program maintenance can be a major cost over a long period.

The hardware

The hardware can be split into four parts: the central processing unit, which controls the other parts of the system, data storage files, a workstation where data is entered into the system (a QWERTY keyboard for most pharmacy systems, or the till for a POS system), and a printer where labels or other information for permanent record is produced.

The CPU

How much memory does the CPU hold? Is it sufficient for your programs? Can more memory be added after the system is installed?

Does the CPU use MOS or core

memory (core memory does not lose data if power is cut off. MOS memory is less expensive but should include an emergency battery back up)

Data storage

Available as diskettes (floppy discs) and hard discs. Diskettes resemble a 45rpm record and can be sent through the post. A disc drive will be required to transfer the information.

Do you need data storage capacity, and if so how much? (It will be an "extra" on most pharmacy labelling systems) Can data storage units be added after system installation, and at what cost? What is the maximum amount of data storage the system will support?

Workstation

Apart from the keyboard already this mentioned, may also include a display (eg: VDU or CRT). In many micro computers everything is in one unit.

How many characters (columns) can be displayed on the screen and what ease of operation features are included? Can the workstation be located away from the computer?

Printers

Two types are available: Character printers (daisywheel) print one character at a time, are slower and less expensive than line printers, and may produce higher quality output. Line printers (dot/matrix) produce a line at a time and are much faster.

Can the system support more than one printer if needed? How many print sizes (eg. condensed, capitals and lower case etc) are available? Can the printer operate simultaneously with the workstation — does it have a buffer, allowing for a second label to be entered while the first is being printed? Can the printer provide multiple copies?

The total system

Has the system been designed to handle most of the day to day business problems? The system should handle "normal" requirements — beware of overloading.

Can shop staff operate the system? What happens in a typical workday? Make sure you know how the system will handle every business function.
How will end of month or other periodic procedures affect normal system operations? If reports are being printed, make sure time is put aside.

Do the system-generated reports serve a useful purpose? Is the system flexible, and can it cope with expansion eg. for another branch or an increased inventory?

The financial side

Not "which computer shall we get", but what is the system going to do for you and will it save you money or pay for itself in "convenience value"?

Are there any extras such as installation of a telephone line, training costs, extra power point required, special stationery (for certain line printers) etc?

Are there recurrent costs such as maintenance (hardware and software), rental charges, electricity and stationery, discs for data storage?

If leasing equipment, what are the considerations? Are they favourable compared to direct purchase or rental? Remember you can get tax relief on leasing deals.

Finally...

It is well worth investing in a "computer dictionary" if you are a beginner, and don't want to be clockwork oranged into the brave new world of computer jargon. "The good computing book for beginners" by D. Jarrett (EEC publications, £1.95) is useful, and quite humorous.

Everyone who has gone on the NPA computer seminars speaks highly of them, and a range of systems are demonstrated — probably a "must" before taking the plunge. Much general information and a "feel" for the subject can be gained from looking through one of the many computer magazines, such as *Microcomputer Printout* (now a sister publication to *C&D).*

☐ For a more detailed guide, a booklet is available from Data General entitled "A guide to evaluating small business systems." Data General recently launched their desktop computer — the Enterprise 1000§ in the UK, aimed at the small business user. *Data General Ltd, Hounslow House, 724 London Road, Hounslow, Middlesex TW3 1PD.*

EPA: an essential part of the diet?

by Dr Ray Rice, technical manager, Seven Seas Health Care Ltd

There is growing evidence that heart disease could be a deficiency disease.

The concept was tested some years ago when linseed oil was used in a 12 month trial of its effectiveness in preventing heart disease but for a number of reasons, which are now becoming understood, the trial was not successful. The trial was based on the premise that linolenic acid helps to prevent heart attacks. Laboratory evidence showed that it reduced platelet stickiness, so it seemed reasonable to test its effectiveness in thrombotic disease.

It is now known that linolenic acid, accepted as an "essential" fatty acid in animals and suggested as such for man, is metabolised to a 20 carbon 5 double bond fatty acid called eicosapentaenoic acid (20:5 ω -3).

EPA is structurally similar to arachidonic acid (20:4 ω -6) which is known to be a precursor for prostaglandins and it is suggested that the prostaglandins derived from EPA are on balance less thrombotic than those normally derived from arachidonic acid. Arachidonic acid is broken down to prostacyclin which prevents platelet aggregation, and thromboxane A_2 which encourages clotting. The corresponding thromboxane derived from EPA does not induce platelet aggregation.

It is unfortunate for the linseed researchers, but the enzymes converting linolenic to EPA are the same ones which convert that other, much more common essential fatty acid, linoleic (18:2 ω -6) acid, to arachidonic acid. Dietary linoleic acid seems to suppress conversion of linolenic acid to EPA making such conversion very inefficient. If only they had used fish oil instead of linseed oil, the outcome might have been different!

Eskimo observations

The interest in EPA and its potential therapeutic role in thrombotic disorders sprang from the observation by Danish scientists[6], that Eskimos have virtually no heart disease and have in their diet, and hence in the blood lipids, relatively high levels of EPA. EPA is a fatty acid found in significant amounts only in lipids of marine origin. Our normal western daily diet contains about 0.1-0.2g of EPA. Calculations based on historical records[7] suggest that in the 1850s, we would have eaten enough oily fish (herring, mackerel, sardines) to give each of us about 1g of EPA per day. The decline in fish consumption and the preference for the low fat white fish (cod, haddock, plaice) has brought about this little known, but possibly significant dietary change which has, broadly speaking, coincided with the increase in heart deaths. This has been especially marked since the 1950s, particularly in younger men (35-55 age group)[8].

The Japanese, who are big consumers of fish, have less than one-fifth of our CHD, in spite of being among the heaviest cigarette smokers in the world.

In 1965, Nelson[9], a physician working in the Seattle area of the US, reported his uncontrolled but successful attempts to treat heart patients by using a fish diet.

Interest stimulated

Our own interest in this subject began over 20 years ago when we successfully demonstrated that Seven Seas cod liver oil reduced serum cholesterol[10]. Our interest was further stimulated by the Eskimo work of Dyerberg *et al.* We realised fairly soon that the existing sources of fish oil were not ideal materials for research. Cod liver oil, the natural material from our own view point, is fairly low in EPA, ranging from 6-12 per cent, averaging 9 per cent. It is also a rich source of vitamins A and D, which could prove a problem for anyone taking large amounts daily. Other fish oils are available, but are similarly low and/or variable in EPA, they are only available on a seasonal basis, and are highly variable in quality and acceptability.

We developed Maxepa (maximum EPA) to overcome as many of these problems as possible. Maxepa is a natural triglyceride oil which has been treated naturally to enhance its EPA level. It is stabilised with fortified vitamin E (important for those increasing their polyunsaturate intake) and standardised to a controlled high level of EPA (18 per cent). It contains minimal levels of the undesirable long chain monoenes (20 or 22 carbon fatty acids with one double bond), and is virtually free of vitamins A and D. It is processed to remove the unpleasant taste and smell associated with unrefined fish oils.

Maxepa has been the subject of animal testing, human volunteer experiments and has been tested on cardiac patients. It is a safe, natural treatment which just may help to correct an hitherto unrecognised deficiency syndrome. In human volunteers it reduces serum triglycerides and cholesterol levels[11]; it increases bleeding times[5] and lowers blood pressure[12]. Over 150 cardiac patients have been treated with Maxepa, some for almost two years, and similar results have been obtained[13]. The effect on serum triglycerides is indeed dramatic, drops of 50 per cent or more being observed in five weeks[14].

Research on Maxepa is mushrooming and it looks promising in a number of areas, all of which strengthen the original suggestion of dietary essentiality of EPA. It is being launched on the UK market this month, following a successful launch in the US earlier this year. Eighteen per cent EPA seems to be about as high as can be obtained by natural processes. Higher levels can be obtained, but these generally involve severe disruption to the molecule, which renders it much more susceptible to oxidation. This not only produces foul tastes and smells, but can lead to toxic end products.

One of the other constituents of Maxepa is DHA, a 22 carbon 6 double bond fatty acid which makes up a significant part of the lipid of brain grey matter, retinol and testes. Like EPA it is only found in significant amounts in marine lipids. Who says that the idea of fish being "brain food" is an irrelevant old wive's tale? A herring a day looks at least as effective at keeping doctors away as the proverbial apple!

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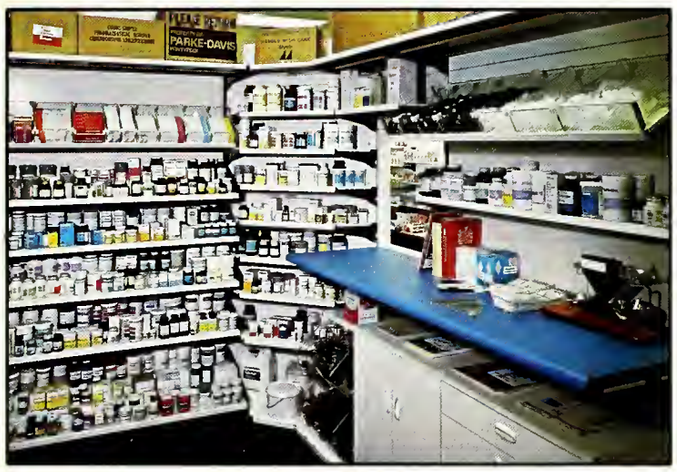

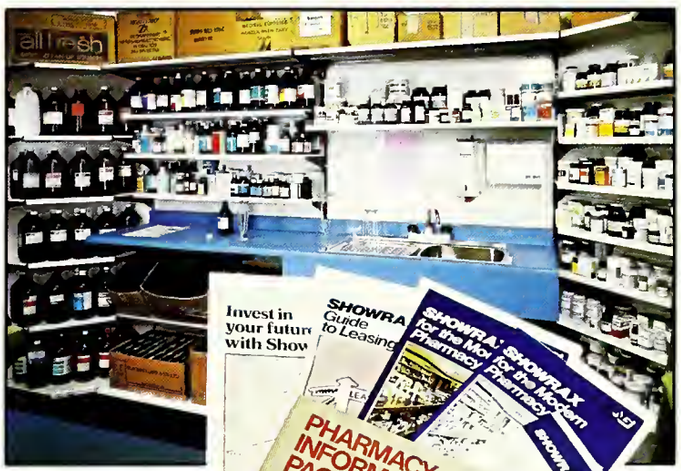

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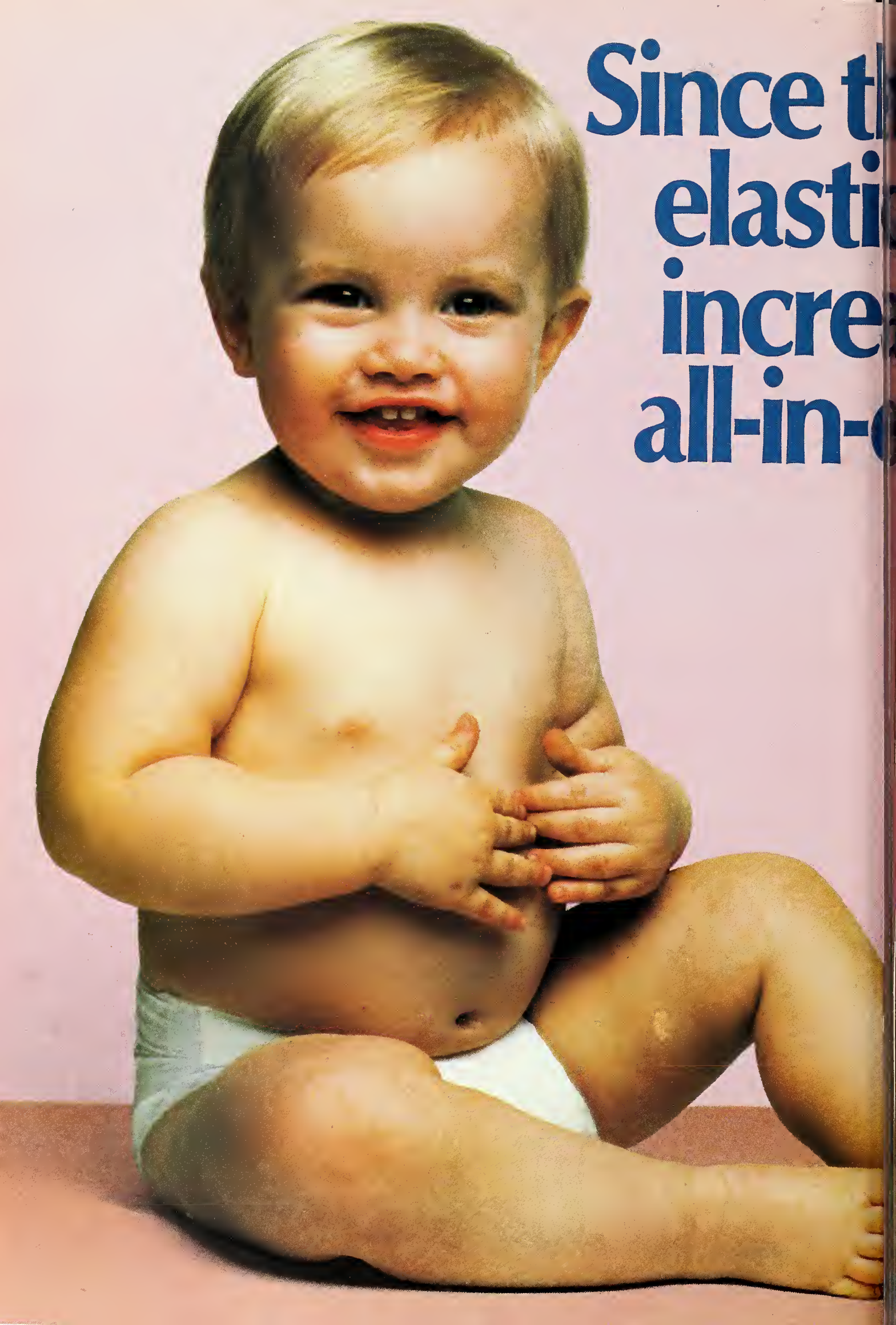
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Two queries a day on prescriptions

The community pharmacist has to contact the prescriber about twice a day on average to query prescriptions, according to a recent survey.

During Monday's professional session, Mr Tim Astill, director, National Pharmaceutical Association, described the survey in which 100 NPA members, selected at random, were asked to record every time they needed to contact a doctor about a prescription. 57 pharmacies took part, dispensing a total of 119,754 prescriptions over 18 days in March, an average of 2,101 per pharmacy. The total number of queries was 2,165 (1.8 per cent), or 38 per pharmacy on average.

Most of the queries (75 per cent) were for details omitted — no form (148), no strength (589), no dose (409), no signature (115), no quantity (288) or other omissions (90). Other reasons for contacting the prescriber were overdose (46), illegibility (49), forgery (9), wrong medicine (89), non-existent strength (54), insufficient information, especially with hosiery (48), incomplete Controlled Drug prescriptions (5) and miscellaneous, such as alteration not initialled, prescription given to the wrong patient, or "gibberish" (226).

Irritations

Many of the queries were no more than administrative or bureaucratic irritations, Mr Astill continued, none of which were likely to be dangerous to the patient but which undoubtedly cost the pharmacist, and in theory the NHS, a great deal of unnecessary expense, inconvenience and wasted time. Despite the survey's results, he believed that serious prescription writing errors were rare. Most pharmacists encountered such errors only two or three times a year, which made them much more dangerous than if they were commonplace and emphasised the need for a pharmacist in the chain of distribution of dispensed medicines.

Mr Astill hoped that, after the "Migril case", those members of the medical profession who treated pharmacists' queries as irritating interruptions would give them more serious attention. He quoted a recent example of breakdown in pharmacist-doctor communication which harmed the patient, who complained to the family practitioner committee. The patient was prescribed substantial quantities of Femergin over several months and told to take one, three or four times daily.

Pharmacists tried to query the prescriptions on several occasions but were blocked by the receptionist who refused to bring the doctor to the telephone and told the pharmacists to dispense the prescriptions as requested. In desperation, several pharmacists refused and referred the patient back to the surgery where the receptionist said "Take no notice of the chemists, they are always fussing about these prescriptions". Eventually the patient was admitted to hospital suffering from ergotamine overdose and dependence. The drug could have caused serious harm had it not been discontinued by the manufacturer thus making it impossible to dispense.

In his paper, Mr Astill drew attention to the pharmacist's role in patient compliance and the urgent need for him or her to realise that his rightful place was not rooted by the dispensary bench but "out there with the people". There was also need for firm, practical advice on when pharmacists should supplement or amend the prescriber's labelling instructions and Mr Astill criticised the Pharmaceutical Society's Council for not taking a lead on the matter. The NPA was soon to submit a study of label systems to the Society and he hoped a uniform system would emerge, having the medical profession's support.

On health education, Mr Astill hoped the profession would support the Family Planning Association's publicity campaign to be launched early next year, highlighting the pharmacy as a potential source of help in this area. Finally he emphasised the importance of the NPA's advertising campaign planned for next Spring; a great deal of money would be spent making claims for the profession but no amount of advertising would persuade the public that pharmacy was different from "the evidence of their own eyes and their direct personal experience."

Spotting drug abuse

Mr John Iles, a North London community pharmacist and member of the Society's Council, described four examples of how pharmacists could promote the safe use of non-prescription medicines.

The first concerned drug abuse. "We must always be aware of the problem of abuse of the medicines we sell, aware of the people who are abusers and the medicines they are abusing," he said. "Vigilance on the part of all the staff is the only answer. It should be a co-operative affair involving both the qualified and unqualified, for the abuser will often attempt to make his purchase from non-qualified staff.

Tell-tale signs

"Frequency of purchase is one of the tell-tale signs of the abuser, as are the thickened lips of the lozenge addict, having the correct money ready, especially after a recent price rise, the refusal to accept an alternative or the request for an equally abusable alternative. We should be particularly vigilant over supplies to local doctors and nurses as these groups have a statistically high rate of drug abuse. In my time in pharmacy I have known two doctors, one nurse and one receptionist to be either addicts or abusers of drugs and this is a high percentage of the pool."

Drug abuse, however, was a relatively small problem in the total field of medicine sales and there were some pharmacists who went overboard about it, almost as if they regarded prevention of sales of potentially abusable medicines as their main function. "It can never be right to justify your conscience on the grounds that if you don't sell, someone else will. On the other hand, it is surely wrong to behave so severely that your manner suggests you regard every request for Actifed Co as coming from a potential abuser."

Another area in which pharmacists could promote safe use of medicines was laxatives, Mr Iles continued. Medical opinion was against the regular use of

Continued on p490

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Professional sessions

Continued from p487

chemical laxatives, preferring to control bowel habit by correct diet. "The general population, however, disagrees and spends £15 million a year on laxatives, encouraged by skillful advertising and traditional family attitudes," he said.

Pharmacists should recommend the bulk products, fibre, bran and sufficient roughage in the diet. Mr Iles instructed his staff to refer any request for a laxative for a baby or child to him, so he could try to convince the mother of the risks she ran in getting her children dependent on these products. However, any sudden change of bowel habit in the middle or later years should be referred to the GP.

There was also considerable potential for pharmacists to advise women about drugs which may affect the foetus. The only safe course was to assume any woman of child-bearing age was potentially pregnant and advise her accordingly, as it was during the early weeks — when she may be unaware of her condition — that there was the greatest risk of malformations.

The public, of course, tended to regard medicines that can be purchased over the counter as different from drugs. Television advertisements that portrayed young women self-selecting medicines, carried a hidden implication that there is no risk ; they should be withdrawn, he said.

Winning approval

The final way in which pharmacists could promote the safe use of medicines was to co-operate with local GPs. When recommending that patients should see the doctor it helped to discuss what to refer with him so that when the patient said "the chemist said I ought to come and see you" the GP felt approval rather than antagonism. Some people bought analgesics, unaware that they were also contained in medicines already prescribed for them, and Mr Iles felt that dispensed medicines should carry a warning "contains aspirin" or "contains paracetamol" in a similar way to retail packs. This was a useful point to discuss with local GPs, as were the proper use of laxatives and the problem of drug abuse.

"Once the GP is convinced that pharmacists are in the business of caring for people and promoting the safe use of medicines, a sound relationship based on mutual respect follows," he suggested.

Turning to the quality of advice pharmacists ought to give, Mr Iles said that professionalism was something that had to be taught, inculcated and absorbed, just like pharmaceutics or physical chemistry, and it took time to implant the attitude that the interests of the public should prevail over one's own.

Concluded on p500

Research on IUDs, tracers and arthritis

The use of radionuclide tracers in detecting thrombosis, a new anti-inflammatory drug showing promise in animals, and research into why intra-uterine devices carry a risk of infection, were among the topics presented during the science sessions.

Researchers at Beecham Pharmaceuticals have discovered a new anti-inflammatory drug which does not irritate the stomach.

Work on rats has shown that nabumetone has anti-inflammatory, analgesic and anti-pyretic activity. Its non-acidic properties, together with its poor ability as a prostaglandin synthetase inhibitor, probably accounts for it being well tolerated by the gut, the researchers suggested in their paper. They compared the effects of nabumetone with other anti-inflammatory agents by dividing the dose producing gastric damage by the dose reducing carrageenin-induced oedema by 25 per cent in half the animals. The resulting ratio was much greater for nabumetone than for zomepirac, fenbufen, tolmetin, naproxen, piroxicam, diclofenac, indomethacin and aspirin, in descending order.

Pelvic infections

Workers at Brighton Polytechnic's department of pharmacy have been investigating why women fitted with IUDs run an increased risk of pelvic inflammatory disease. It has been suggested that the locating thread is responsible for the infection, and G. Hanlon, J. Patel and C. Marriott have carried out a series of experiments measuring the penetration of a sterile gel by bacteria in the presence of threads from the Saf-T-Coil or Dalkon shield. Both *E. Coli* and *S. aureus* were able to penetrate the gel when the threads were present. Transfer of organisms also took place when bovine cervical mucus was used, at a rate independent of its viscoelasticity, suggesting that this transfer could occur at any stage in the menstrual cycle.

Coating the thread with silicone prevented bacteria from penetrating the gel and the authors suggested that increasing the thread's hydrophobicity might prevent bacterial adhesion. "Evaluation of these findings *in vivo* would certainly merit investigation," they concluded.

Patients on topical steroid therapy

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SCIENCE SESSIONS

sometimes develop tolerance which could result from the drug being converted to a less active form by skin microflora. Work done by Fiona Brookes, W. B. Hugo and S. P. Denyer, department of pharmacy, University of Nottingham, has shown that betamethasone 17-valerate can be transformed to betamethasone by skin micro-organisms.

M. Aslam and M. A. Healy, also from Nottingham University, have been investigating the way in which Epilim chelates with trace metals *in vitro*. This reaction *in vivo* would affect solubility and possibly side effects. For example, zinc and copper deficiencies could result in alopecia and wavy hair syndrome respectively — symptoms seen in about 11 per cent of patients on sodium valproate therapy. The researchers hope that metal balance studies of patients taking the drug will test this hypothesis and lead, with the aid of dietary supplements, to a reduction in side effects.

J. Griffiths, London Hospital, has shown how radionuclide tracers can be used to detect sepsis and thrombosis. When the fibrinolytic enzyme, plasmin, is labelled with technetium-99m its accumulation in blood clots is detectable with a hand-held detector and the method has been used on patients with suspected deep vein thrombosis.

Leucocytes accumulate in centres of infection and inflammation, so labelling them with a gamma-emitting radionuclide can detect inflammatory lesions. Injection of a patient's leucocytes labelled with indium-111 showed a concentration in the abdomen in a case of suspected Crohn's disease.

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Progress in peptic ulcer and anti-viral therapy

Recent advances in the treatment of peptic ulcer and in antiviral chemotherapy — including drugs of potential use in the common cold — were the topics of Tuesday morning's professional session.

The introduction of H_2-antagonists has revolutionised the treatment of peptic ulcer and greatly reduced the need for surgery, according to Dr R. T. Brittain, research director, Glaxo Group Research Ltd.

In a paper presented to the session he compared the H_2-antagonists cimetidine and ranitidine. The drugs were equally effective in relieving pain and healing peptic ulcers but ranitidine had a simpler, twice daily dose regimen and was much more selective. Cimetidine tended to bind to sites other than the H_2-receptor and thus had more side effects. For example, binding to cytochrome P450 receptors prolonged the action of drugs inactivated by liver oxygenase enzyme, binding to an uncharacterised site in the brain caused mental confusion and binding to an uncharacterised site on peripheral blood lymphocytes potentiated the proliferative response to mitogens. Cimetidine could also cause sexual disfunction and gynaecomastia in men because of its binding to androgen receptors.

The effects of oral ranitidine 150mg twice daily and cimetidine 1,000mg daily in divided doses in acute ulceration have been compared recently in multicentre trials by Dr D. Colin-Jones. In duodenal ulcer, ranitidine gave healing rates of 72-77 per cent in four weeks and cimetidine 64-84 per cent. In an Australian trial both showed healing rates of 92 per cent over six weeks. In gastric ulcers, ranitidine healed 58-66 per cent in four weeks and 83-91 per cent in eight weeks. Figures for cimetidine were 57-67 per cent and 79-90 per cent respectively. With both drugs, most patients need maintenance therapy to ensure that ulcers stay healed.

Other selective H_2antagonists are being investigated, Dr Brittain continued. The propargyl analogue of cimetidine (etintidine) was similar in potency to cimetidine while the benzyl pyrimidinone derivative (oxymetidine) was slightly more active. The pyrimidinone analogue of ranitidine (SKF93479) was twice as potent as ranitidine and slightly longer acting. Highly potent, non-competitive H_2-antagonists such as AH22216 with an extremely long action had also been identified, but only clinical trials would establish whether the long-acting compounds had any advantages over those currently available.

Active against rhinovirus

Dr D. S. Freestone, department of clinical immunology and chemotherapy, Wellcome Research Laboratories, described two new compounds active in tissue culture against rhinoviruses, the most important cause of the common cold. Subjects treated at the Medical Research Council Common Cold Unit, Salisbury, with enviroxime (Lilly) given both orally and intranasally, developed fewer clinical colds, produced less nasal secretion and shed less virus than those who received placebo. But gastro-intestinal side effects were more common in those taking the active drug. Nevertheless, it is believed that the efficacy of enviroxime relates to its administration by the intranasal route, and further studies are needed.

The second compound, dichloroflavan (Wellcome) was given by the oral route alone but was not effective although the drug was shown to be absorbed.

While human α interferons, administered intranasally, were highly active and well tolerated the current world price was about £10 per mega unit so it would cost £900 a patient to prevent a cold. However no results of dose response studies were available yet so maybe less interferon could be used, or the price might fall.

Dr Freestone also reported in his paper the extensive clinical research programme established for acyclovir, claimed to be a significant therapeutic advance in antiviral therapy. Trials had shown the

Continued on p496

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Peptic ulcer and anti-viral therapy

Continued from p494

drug to be effective in herpes simplex infections in immuno-compromised patients, including prophylactic use in patients undergoing bone marrow transplants; trials in herpes encephalitis and neonatal herpes were still in progress. Acyclovir had also proved useful in varicella zoster infections. Reports had suggested beneficial effects in Epstein-Barr virus and cytomegalovirus infections but controlled trials were required.

In genital herpes, trials had shown that acyclovir had beneficial effects on healing lesions and reducing virus shedding. Oral and intravenous formulations were possibly more effective than a 5 per cent ointment in a polyethylene glycol base.

In herpes keratitis the concensus of results of trials with 3 per cent acyclovir ophthalmic ointment suggested it was superior to idoxuridine and vidarabine in terms of lesions healed, speed of healing and tolerance. Significant differences were not shown with trifluorothymidine. Unlike trifluorothymidine and idoxuridine, acyclovir had little effect on experimental corneal wound healing and also penetrated into the deeper tissues of the eye. Trials in deeper eye infections were still in progress.

The clinical research programme has involved different formulations of acyclovir — an oral, an intravenous, two topical and two opthalmic — although in the UK only an infusion and an eye ointment are currently on the market.

In reply to questions, Dr Freestone said the drug seemed to offer the greatest promise in acute infestations and did not appear to eliminate the latent virus or alleviate symptoms such as the post-herpetic neuralgia following shingles. There was some evidence that interferon might be effective in relieving this type of pain, but more research was needed.

Dr Freestone later told *C&D* that at present there seemed to be little risk of resistance developing from the regular use of acyclovir in minor ailments such as coldsores, but he thought it would be several years — if at all — before a topical preparation became available for OTC sales.

Some speakers questioned the wisdom of long term supression of gastric acid secretion in peptic ulcer patients who were given maintenance doses of H_2 receptor antagonists.

Ulcer recurrence

Dr Brittain said that statistics indicated a recurrence rate of 80-90 per cent in peptic ulcer patients and that maintenance with ranitidine or cimetidine could cut recurrence down to 10-14 per cent. Maintenance was desirable whenever there was historical evidence of recurrence, he believed. There was no rebound effect on acid secretion when ranitidine treatment was stopped and no enlargement of parietal cells. Although ranitidine reduced total acid production over 24 hours it did not override acid secretion in response to food, so that appetite, digestion and absorption of food continued normally. If anything, patients tended to eat better once their ulcer symptoms were eliminated.

Although several factors were involved as possible causes of peptic ulcer, the only satisfactory approach to treatment seemed to be to control acid secretion.

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Excessive prescribing not shown in script survey

A survey in East Anglia has produced little evidence that increased prescription charges have resulted in larger quantities of medicines being prescribed — although one eighth of prescriptions dispensed were for periods over six weeks. The survey was one of six papers competing for the *C&D* Conference Medal and Award.

Thirty pharmacies recorded all prescriptions dispensed during one of the first two weeks in November 1981, a total of 19,559. An average of 32.1 per cent of patients paid prescription charges. 27 per cent of the prescriptions were for periods up to a fortnight, 40 per cent were for between two and six weeks, and 12½ per cent were for over six weeks. Only 3.2 per cent were for over 10 weeks.

However, in a pilot study of 500 prescriptions recorded from each of eight pharmacies in June 1981, 21 per cent of the prescriptions were for periods of six weeks and over, and 5.6 per cent for over 10 weeks.

The survey was carried out by M. Allwood, K. Free, J. Taylor and N. Wood on behalf of the Pharmaceutical Society's Anglia Regional Committee. They concluded that in November there was little evidence to support the hypothesis of excessive prescribing although this was not the case in the pilot study. About one fifth of the prescriptions had insufficient directions to determine the length of treatment. Those prescriptions that were for a substantial period of time fell into clearly defined groups for specific types of patients.

East Anglian base

The same authors also presented a survey of prescriptions dispensed for the elderly in East Anglia, after studying in detail the 8,566 (43.8 per cent) identified as being for men over 65 or women over 60. These people had fewer prescriptions for treatment periods of less than a fortnight but received over half as many again as the rest of the population for between two and six weeks, and nearly twice as many for periods of six to 10 weeks. About two thirds (63.8 per cent) of all prescriptions for the elderly were written for total periods of up to six weeks, compared with 69.4 per cent of those for the rest of the population.

The largest numbers (25.33 per cent) were for cardiovascular preparations. About one in every 11 of these lacked adequate dosage instructions and were therefore for indeterminate periods, while a quarter were for periods over six weeks. The second largest group was for CNS preparations, including hypnotics, anxiolytics and antidepressants. One eighth lacked dosage instructions and 15.7 per cent were for over six weeks. The authors expressed concern that nearly three-quarters of prescriptions for skin preparations and half those for the eye and ENT gave no indication of how long they should be used; many contained steroids or antibiotics where the dangers of prolonged therapy were well known.

□ The papers were presented by Mr Free, pharmaceutical officer, NE Essex Health Authority, and Mr Wood, a community pharmacist.

Filtration of IV fluids

Three pharmacists measured the particle content of intravenous fluids used at North Manchester General Hospital, whose pharmacy department provides an IV additive service seven days a week. Mr J.A. Pearse, district pharmaceutical officer, C. E. Curtis, staff pharmacist and N. Driver, regional quality controller, concluded that there was no need for routine in-process filtration of drug solutions during aseptic addition to IV fluids, but it was necessary for certain drugs. At their hospital, these drugs were chloramphenicol, cephazolin, oxytocin, aminophylline and aminophylline in combination with hydrocortisone. They suggested that pharmacies offering IV additive services should carry out investigations to decide which of their own commonly used drugs required in-process filtration.

Unacceptable particle counts were produced when combinations of aminophylline and hydrocortisone were added to dextrose 5 per cent, even after filtration. The researchers recommended that these combinations be added instead to sodium chloride 0.9 per cent injection, using filtration.

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PRACTICE RESEARCH

Contamination of insulin

Some insulin injections are poorly protected against microbial contamination, according to Dr M.C. Allwood, specialist principal R&D, Addenbrooke's Hospital, Cambridge. He compared the efficacy of various preservatives in different injections, in view of the trend towards disposable insulin syringes which cannot be disinfected after use.

The most poorly preserved preparations were the soluble insulin injections preserved with 0.1 per cent w/v methyl parahydroxybenzoate at neutral pH, eg, Neusulin, Actrapid MC and Wellcome IZS. The ability of *Staphylococcus aureus* to survive and, in some cases, eventually multiply was "especially worrying".

The traditional preparations — insulin BP and insulin zinc suspension BP containing phenol and phenol/cresol respectively — were relatively well preserved, although none of the products tested reached the BP standard for efficacy of preservatives.

The author concluded that further studies were necessary before widespread re-use of plastic syringes was advocated.

Compound analgesics

The BNF's advice that compound analgesics have no advantages over their individual ingredients has been challenged by P. S. Dwyer and I. F. Jones, University of Bradford pharmacy practice research unit.

By means of a search of the literature since 1960 they reviewed five narcotic analgesics in separate combinations with paracetamol and/or aspirin to assess whether the narcotic element enhanced the efficacy of the combination product. They found that no satisfactory clinical

Continued overleaf

Challenge to BNF on 'compound' stance

trials had compared combinations of codeine, dihydrocodeine or pentazocine with aspirin or paracetamol against the individual ingredients, and they suggested that further studies were needed before bold statements on efficacy could be made.

The authors also found evidence that both dextropropoxyphene and ethoheptazine contribute to the efficacy of combinations in multiple dose regimens.

Students and patients

Beverley Davis, postgraduate student, London School of Pharmacy, carried out a year-long survey to assess how pre-registration graduates in community pharmacy dealt with health care inquiries. The graduates completed questionnaires stating what advice they gave on minor ailments, while their tutors assessed the difficulty of the queries and the students' responses. Another group of graduates joined in only towards the end of the year to act as controls.

For the easy and moderately difficult inquiries there was little change in the graduates' ability to recommend medication between the earlier and later stages of the training. The control group showed poorer performances. For difficult inquiries, performances tended to get worse during the year.

One explanation is that seasonal variation in inquiries may preclude the graduate from practising with these examples and may involve recall of knowledge not used since undergraduate days. And tutors may become less lenient in their assessment towards the end of the year, particularly with difficult queries.

The group taking part in the complete survey showed an improvement in their ability to communicate advice and the project could have involved some learning process not experienced by those graduates participating only at the final stage. ■

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PRACTICE RESEARCH

'Supervision' — what is it in practice?

Continued on p490

It could not be done in the single year of pre-registration.

On the question of supervision of Pharmacy medicines sales, Mr Iles said that when it came to talking about medicines to the consumer it did not matter what legal category they fell into. While the "pharmaceutical presence" needed to be felt in the pharmacy — with customers aware that the pharmacist was available for consultation even if he was not in the immediate vicinity — not every customer wanted or needed a counselling session as it was difficult to inject a meaningful context into every sale of a "P" medicine. He believed pharmacists generally advised better than they supervised because they felt they were making a definite, useful contribution.

After a year on Council he had not changed his view on supervision except in one particular. He now believed that the Medicines Act required supervision of "P" sales because that was what the Society, who worded that part of the Act, intended. Had the the Council of that time been convinced that most pharmacists were in sufficient contact with the public and were practising the advisory role suggested by himself and Mr Astill that afternoon, they might not have insisted on inserting the supervision requirements.

Pharmacists could be persuaded to supervise through fear of prosecution, but Mr Iles disliked that approach. There would be a better response from them and a more helpful service to the public through motivation. The answer, Mr Iles believed, lay in education in the schools and not just in the preregistration year.

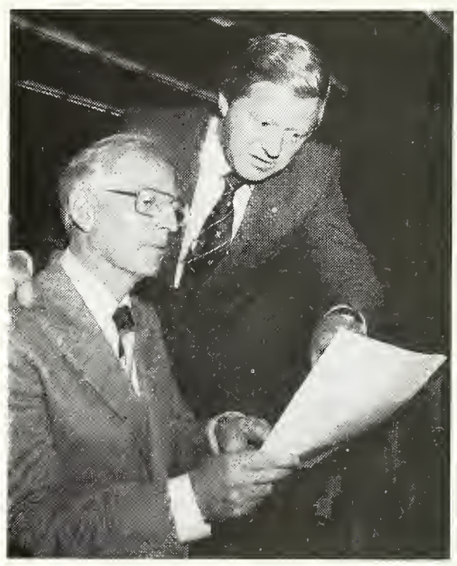
Exercising discretion

Much of the discussion centred on the pharmacist's responsibility for being a discrete professional. In the front-shop role he was being encouraged to fill, how should he respond if asked: "What are these tablets for?" Should he be evasive (as perhaps he had been trained to do) or give full details from the Data Sheet Compendium. Confronted with a possible overdose on a prescription and a doctor determined not to accept counsel, should he dispense the item? What was the proper response when asked to supply a branded product against a prescription for generic drugs if the patient was prepared to pay the extra or take a smaller quantity to balance the cost? How should instructions on compliance be passed on via a third party, possibly a child, collecting a prescription? In all these and other difficult cases Mr Astill said the decision must be taken with regard to the circumstances. "Exercise professional discretion and judgment," he said. "That is why we are here!"

Outside service

Mr H. Grainger, Waltham Abbey, thought an impartial consultative service might be set up to give community pharmacists an "outsiders" opinion of their pharmacy, with a view to creating consistent professional standards. Both Mr Iles and Mr Astill thought this might work. If members wanted it, the NPA could supply such a service, Mr Astill said. Familiarity with one's own pharmacy could breed contempt but he wondered how many pharmacists would be willing to pay for such a "voluntary consultative force."

Mrs E. Lucas-Smith, Slough, said the addresses reinforced her view that further representations needed to be made to the DHSS on two points if pharmacists were to fill the roles envisaged for them. First, doctors must keep to prescribing and pharmacists to dispensing; second, a second pharmacist allowance must be forthcoming if pharmacists were to undertake "this policy of perfection."



Mr John Iles (left) and Mr Tim Astill discuss their professional session papers.

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Shortage of pharmacy graduates but need to define curriculum

Contrary to the Society's manpower predictions, there is a shortage of pharmacy graduates, said Professor A. T. Florence, University of Strathclyde, during his address on Monday as science chairman. This shortage suggested there was a need for all the pharmacy schools to be retained.

"We cannot entice sufficient graduates to read for higher degrees or to take research posts because they all secure well-paid posts immediately after registration," he explained. "Increased output of graduates would lead to competition for posts and would improve standards at a stroke."

This happened in other disciplines such as chemistry, where twice as many graduates were produced as could be accommodated in the profession. Pharmacy graduates would be better suited than many others for posts in teaching and other professions, but as long as those who advised government about educational matters were drawn only from the ranks of chemistry, physics, biology and mathematics, the advice received would never change.

Professor Florence argued for keeping the emphasis of pharmacy education in the universities rather than the polytechnics.

The universities showed a much greater bias towards research which allowed the school to provide post graduates for industry, hospitals and government. And nearly all pharmaceutical text books came from university schools.

Pharmacy suffered not only from being an applied science — a discipline which was neither "pure" medicine nor "pure" chemistry or biology — but also from a lack of knowledge of what it was about, Professor Florence maintained.

"Our failure even to define the nature of the principal subjects of our curriculum and a lingering acquiescence to the view that pharmaceutics and pharmaceutical chemistry are simply an amalgam of organic, physical, analytical chemistry with a *soupcon* of biochemistry, biology and chemical engineering added *secundum artem*, will perpetrate the syndrome that none of us profess a distinctive and clearly defined science," he said. "Pharmaceutics and pharmaceutical chemistry transcend the basic disciplines and should incorporate a view of medicine that is distinctive. It is only in this way that we can contribute to patient wellbeing and the advancement of our subject."

Recent problems with benoxaprofen were a reminder that all was not well with pharmacy and the doctor-pharmacist-patient interaction. Pharmacists seemed to have acted as mute intermediaries who had no impact on the use of a product on which a massive literature of adverse reactions was accumulating.

"If we say we have a part to play in the protection of the patient should we not one day prove it?" he asked. "Increased regulatory control of new drugs is not the answer: the encouragement of their more scientific and controlled use is. It is in this arca that we have a distinctive duty."

Professor Florence warned against losing interest in *materia non-medica,* such as formulation and stability, in the move towards more patient-oriented practice. It was wrong to be able to discuss the aetiology of disease and therapeutics while being unable to speculate on thc physico-chemical reasons for adverse reactions to drugs.

He went on to urge better integration of teaching with pharmacy practice. One far-reaching solution, long overdue, would be to establish academic departments of pharmacy in teaching hospitals and to set up teaching practices in community pharmacy.

During his address Professor Florence also described some of the research into new drug delivery systems being carried out in his and other schools. There was for expample, an interest in new systems such as low density lipoprotein particles as drug carriers which were biodegradable and had a potential targetting mechanism. ■

Beecham to buy US medicine manufacturer

The Beecham Group is to purchase American medicine and toiletry manufacturer J. B. Williams. Present owners Nabisco Brands Inc will receive $100m — about £59m — for the group, allowing Beecham to add several major new brands to their international product range. Brands which will transfer to Beechams include Geritol, a multi-vitamin product, and hypnotic Sominex — both of which are already "household names" in the USA.

Williams' products are generally complementary to those already owned by Beecham, and are marketed through similar distribution channels. In addition to the hoped-for expansion of existing markets, Beecham intend to introduce the products to new international markets. A company spokesman confirmed that Beecham's UK proprietary medicines operation would be examining the Williams' range in order to decide whether any individual products can usefully be marketed in this country.

The book value of assets involved in the acquisition, which include two factories in America and one each in France, Canada and Denmark, amounted to $46m on June 30. Sales and trading profits for Williams reached $148m and $1m respectively in 1981. Beecham feel, however, that the company's products will benefit from their larger sales force, and are confident they can expand 1982 sales to $156m, with profits estimated as rising to $3.2m. American sales alone are expected to reach $98m. While the acquisition will therefore not cover its cost in the current year, it is expected to begin contributing to group profits in 1983-84.

Sales volume static on chemists' goods

Chemists accounted for 51.3 per cent of the £2,350m worth of medicine, toiletry and cosmetic sales made in 1979, according to a survey of the chemist market appearing in the latest *Retail Business*. Large mixed retail businesses took most of the remaining sales in the sector, with 40.7 per cent.

Consumer expenditure on chemist's goods in all types of shops rose 21 per cent in 1980 reaching £2,100m, although actual volume of sales rose by only 1 per cent. A year of falling inflation and difficult trading conditions led to the chemists' 1981 rate of sales increase here falling against that achieved in 1980 by some 4 per cent. Total turnover including prescriptions is estimated as rising 14 per cent during the year, reaching £1,740m.

Chemists' volume sales in 1981, however, progressed only by some half a per cent. Medicine, toiletry and cosmetic retail prices rose 9.1 per cent in 1981, with a further 5 per cent rise reported by May 1982.

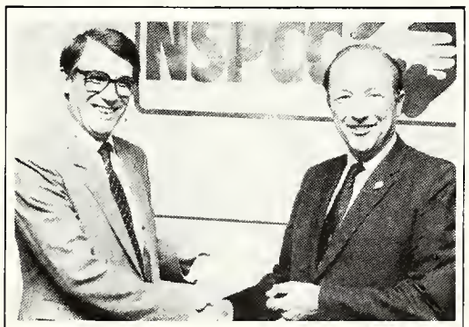
Chemists' counter sales are projected as rising 9 per cent in each of the next two years, reaching £875m in 1982 and £950m the following year.

Boots were top of the media spending list for 1981, with an advertising spend of £9,365, 21 per cent up on the previous year. It should be remembered that Boots are not classified as part of the chemist sector for the purposes of official statistics, being considered instead a mixed retail business.

Turning to the future, the report concludes that, with the exception of sun filter products which may benefit from recent good weather, it now looks "even less likely" that any real improvement in consumer spending will materialise in the current year. Even promised improvements in 1983 will probably be slight, despite likely small declines in price inflation.

The same issue of *Retail Business* contains the first part of a report on the UK market for household medicines. A sector-by-sector split, working on manufacturers' prices, estimates the total market at £227.9m. Of this total amount, analgesics take £51.8m, cough and cold remedies £97.6,m "stomach and gut" remedies £34.1m and dermatologicals £29.2m. Tonics and vitamins account for the remaining £15.2m.

Volume sales of household medicines seem to have reached a plateau, 1981's inflation-adjusted figure being unchanged on the previous year at £137m, just £2m down on the peak reached in 1979. Volume had until then been climbing relatively sharply, from £117m in 1977 to £124m the following year. *Retail Business No 295 (September 1982),* available on subscription from *Economist Intelligence Unit Ltd, Spencer House, 27 St James's Place, London SW1A 1NT.*



Dr Alan Gilmore, (right) director of the National Society for the Prevention of Cruelty to Children, receives a £1,669 cheque from Chefaro Proprietaries Ltd, distributors of Predictor pregnancy test kits. For one month all Predictor kits bought by chemists carried a Chefaro coupon pledging a donation of 15p to the NSPCC. Mr Alan Giles (left), managing director of Chefaro, said: "The response from the pharmacy trade to this offer has been exceptional." There are plans for the company to repeat the idea in the future.

New wholesaler for Watford area

A new pharmaceutical wholesaler, Sigma Pharmaceuticals, is opening in Watford in October, offering a service exclusively for retail pharmacy.

The enterprise, run by pharmacist Mr B.K. Shah, will supply a range of non-branded pharmaceuticals, including generic tablets, galenicals, surgical dressings and OTC lines. No proprietary products, or non-medicinal lines will be stocked.

Mr Shah plans to serve a radius of 50 miles around Watford with a once weekly telephone order. "We are hoping to be the most competitive in the area with the range of products we are offering . Since Sangers closed in Luton there has been a gap," he says, Mr Shah has been in retail for eight years, with three shops in Harrow and Watford. Two have been sold to finance the present enterprise. *Sigma Pharmaceuticals, Station Industrial Estate, Imperial Way, Watford, Herts.*

Pharmaceutical profits fall at AAH

AAH Holdings, owners of Hills Pharmaceuticals and Hill-Smith (Warrington), have suffered an 11 per cent decline in pre-tax profits in the year to March 31. Despite an increase of almost 19 per cent in group turnover which reached £428.078m, pre-tax profits fell to £8.624m from the previous year's £9.694m. These results are described by chairman William Pybus as disappointing, but "extremely creditable" considering the difficult economic conditions which applied throughout the period.

All divisions except engineering increased their sales over the year, with

More **Business News** *overleaf*

Business News *continued from p505*

pharmaceuticals accounting for 12 per cent of the total at £51.44m, up £6.34m on 1981's figure. Trading profit in the division dropped to £1.385m from 1981's £1.889m. Mr Pybus, commenting on "excessive discounting" in the wholesale trade, says that competition for the larger accounts is "if anything intensifying." Although margins declined during the year, these profit levels are felt to be very satisfactory in the circumstances.

Pharmacies latch onto health foods

New health food orders from chemists are currently outstripping those from specialist stores in the sector by a factor of ten to one, according to a recent market report. Manufacturers, claiming that demand for their products has now overtaken the growth of specialist outlets, see pharmacies as representing the possibility of considerable volume increases and it is this sector which has "captured their imagination".

Because of the nature of the outlet, however, the single health food shop is said to be equal to those ten chemists shops in terms of turnover. "The feeling is that chemists, looking for ways to compensate for the loss of toiletry sales to supermarkets, are a relatively easy first sell," suggests the report, although "a follow up order is much more difficult, and there is evidence to show that products are not moving off chemists' shelves as fast as expected, with perhaps the pharmacist still advocating the drug-related product in preference."

There is no reason to suggest that the slowing down of growth in the UK health food market will last beyond this year, the report concludes. *Health Foods, Third Edition, (£35), Key Note Publications Ltd, 28 Banner Street, London EC1Y.*

Briefly...

■ **Smith & Nephew Consumer Products'** marketing and sales departments will be transferred to Hull on September 20. New address is PO Box 81, Hessle Road, Hull HU3 2BN (0482 25181).

■ **Braun Electric (UK) Ltd** have appointed Dublin-based Thor Appliances Ltd as distributors of their product range throughout Eire. In an associated move, Braun will be backing their products with a £150,000 Press and television advertising campaign.

■ **Holgran Group** have acquired Sunwheel Foods Ltd, Camberwell-based manufacturers and wholesalers of health foods. Sunwheel's two London directors, Bob Harrop (buying) and Jonathon Toase (marketing) will continue to manage the operation, also taking up wider responsibility in the group's enlarged health foods division.

MARKET NEWS

Cloud over honey supplies

London, September 14: Supplies of honey, especially those from the larger-producing areas, are running down and the outlook for future supplies is uncertain. The next Austalian crop is unlikely to be shipped within the next five months and there is some doubt over what the size of the crop will be because of drought in the Eastern states. Mexico has well-publicised financial trading problems at the moment while trade with Argentina has still not resumed. It is reported that a large proportion of Chinese supplies have been sold to Japan.

Canada balsam remains dear and in short supply; spot supplies have now been cleared and shipment offers are higher. Also dearer is cochineal with widely varying quotations. Among essential oils, there was a slightly improved demand for some items, notably patchouli. Hints over the past few weeks that Chinese peppermint was going to rise in price have so far not materialised.

Pharmaceutical chemicals

Acetic acid: 4-ton lots, per metric ton delivered — glacial BPC £398, 99.5 per cent £381, 80 per cent grade pure £345; technical £324.
Aspirin: Ten-ton lots from £1.80 kg for imported material.
Benzoic acid: BP in 500-kg lots, £0.8801 kg.
Borax: EP grade, 2-4 ton lots per metric ton in paper bags, delivered — granular £346, powder £376, extra fine powder £393.
Boric acid: EP grade per metric ton in 2-4 ton lots — granular £507; powder £540.
Ethisterone: £280 per kg.
Ferric citrate: £5 kg in minimum 250-kg lots.
Ferrous fumarate: BP £1.40 kg in 750-kg lots minimum.
Ferrous gluconate: £2,495 per metric ton.
Ferrous sulphate: Dry £590 metric ton.
Folic acid: 100-kg lots from £65 kg.
Formic acid: per metric ton delivered in 4-ton lots, 98 per cent £400; 85 per cent £334.
Glucose: (Per metric ton in 10-ton lots) — monohydrate £325; anhydrous £650 for 1-ton; liquid 43° Baumé £351.50 (5-ton lots); naked 18-tons lots £290.25.
Glycerin: In 250-kg returnable drums £860 metric ton in 5-ton lots; £885 in 3-ton lots.
Homatropine: Hydrobromide £145 kg; methylbromide, £138 — both in ½-kg lots.
Hydrogen peroxide: 35 per cent £348 metric ton.
Hydroquinone: 50-kg lots £3.08 kg.
Metol: Photo grade per kg. 50-kg lots £9.90.
Nicotinamide: £4.42 kg in 50-kg lots.
Nicotinic acid: £4.18 kg in 50-kg lots.
Noscapine: Alkaloid: £33 kg for 100-kg; hydrochloride £36.30.
Opiates: (£ per kg) in 1-kg lots; subject to Misuse of Drugs Regulations — Codeine alkaloid £600-£604 as to maker; hydrochloride £520; phosphate £460.50-£462; sulphate £520. Diamorphine alkaloid £821; hydrochloride £748. Ethylmorphine hydrochloride £585.50-£591. Morphine alkaloid £667-£668; hydrochloride and sulphate £544-£545.
Oxalic acid: Recrystallised £1.83 kg for 50-kg lots.
Papaveretum: £390 kg; 5-kg lots £355 kg. Subject to Misuse of Drugs Regulations.
Paracetamol: (Per kg) 10-ton contracts from £2.80 to £3.10; 1-ton £3.15. Premium for d/c £0.45 kg.
Paraffin liquid: BP £0.717 litre on 210 litre drums; light BPC 1963 £0.644; Technical white oil WA23 £0.632; WA21 £0.661.
Pentobarbitone: Less than 100-kg £29.45 kg; sodium £31.23.
Pethidine hydrochloride: 10-kg lots £73.40 kg. Subject to Misuse of Drugs Regulations.
Riboflavine: (Per kg) £24.62 in 10-kg packs, diphosphate sodium £80.30 in 5-kg.
Saccharin: BP sodium, powder £3.50 kg; crystals £3.20, both for 250-kg lots.
Salicylic acid: 5-ton lot £1.75 kg; 1 ton £1.79.
Tartaric acid: £1,795 per metric ton.
Thiamine: Hydrochloride / mononitrate £18.43 kg in 20-kg lots of British origin; 500-kg £17; imported £16.50.
Tocopherol: DL alpha 5 kg £17.05 kg.
Tocopheryl acetate: DL-alpha per kg £14.30 (in 20-kg lots); adsorbate £13.42 (25-kg); spray-dried £11.83.

Crude drugs

Agar: Spanish £7.40 kg spot.
Aloes: Cape £1,525 metric ton spot; £1,515, cif. Curacao no spot or cif.
Balsams: (kg) **Canada:** No spot; £18.40, cif. **Copaiba:** Spot £4.40; £4.25, cif. **Peru:** £9.70 spot; £9.65, cif. **Tolu:** Spot £5.35.
Chillies: Chinese £1,500 metric ton; powder £975 per metric ton spot.
Cloves: Madagascar £6,000 metric ton spot £5,950, cif.
Cochineal: (kg) Tenerife black brilliant from £28.20 spot; £16.50 forward.
Dandelion: No spot or cif.
Honey: (per metric ton in 6-cwt drums ex warehouse). Australian light ambers £710-£720; medium ambers £615-£625; Canadian £1,050; Mexican £810; Russian £745 in churns of 50kg net.
Hydrastis: Spot £29.65 kg; £29.80, cif.
Ipecacuanha: Costa Rican £59 kg, cif.
Mentbol: (kg) Brazilian £7 spot; £6.65, cif. Chinese £6.20 spot; £6.40, cif.
Pepper: (metric ton) Sarawak black £870 spot, $1,300, cif; white £1,300 spot; $1,700, cif.
Seeds: (metric ton, cif). **Anise:** China star £2,350. **Celery:** Indian £625. **Coriander:** Moroccan £360. **Cumin:** Indian £1,125. **Fennel:** Chinese £625. **Fenugreek:** Moroccan £325; Turkish £280; Indian £395.
Witchazel leaves: No spot; £2,485 metric ton, cif.

Essential oils

Citronella: Ceylon £2.40 kg spot; £2.25, cif. Chinese £3.50 spot; £3.15, cif.
Clove: Indonesian leaf £2.35 kg spot; £2.10 cif. English distilled bud £57 spot.
Eucalyptus: Chinese £2.85 kg spot; £2.75, cif.
Fennel: Spanish sweet £7.50 kg spot; bitter £7.40.
Ginger: Chinese £15 kg spot and cif, English, distilled (ex W. African root) £78; ex Indian £85.
Orange: Florida £0.80 kg spot; £0.75, cif.
Patchouli: Indonesia £23 kg spot; £23, cif.
Peppermint: (kg) Arvensis — Brazilian £7.50 spot and cif. Chinese £4 spot; £4.05, cif. American piperata £13.
Vetivert: Java £22.50 kg spot; £22, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include Value Added Tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, September 20

Mid Glamorganshire East Branch, Pharmaceutical Society, Abercynon Rugby Club at 8.00 pm. Social evening. Rugby film followed by buffet supper.
Plymouth Branch, Pharmaceutical Society, Medical centre, Greenbank, Plymouth at 8.00 pm. Mr Stuart Thomas on "Current NHS matters".

Tuesday, September 21

Epsom Branch, Pharmaceutical Society, Bradbury postgraduate medical centre, Epsom District Hospital, at 7.45pm. Dr N. Rathod on "Alcohol and alcoholism." Refreshments.

Thursday, September 23

Barnet Branch, Pharmaceutical Society, Postgraduate medical centre, Barnet General Hospital at 7.15 pm. Talk by Scholl (UK) Ltd on "Fitting of elastic hosiery".

Bedfordshire Branch, Pharmaceutical Society, Medical centre, Luton and Dunstable Hospital at 8.00 pm. Dr Peter Wilson on "Inflammation and anti-inflammatory drugs". Buffet supper.
Dundee and Eastern Scottish Branch, Pharmaceutical Society, Lecture theatre 3, Ninewells Medical School at 7.30 pm. Chairman's sherry reception and films by Bencard.
Weald of Kent Branch, Pharmaceutical Society, Postgraduate centre, Kent and Sussex Hospital, Mount Ephraim, Tunbridge Wells at 8.00 pm. Allen & Hanbury film on hypertension, "Actually there are five". Refreshments.

Friday, September 24

South East Metropolitan Branch, Pharmaceutical Society, Old Alleynian Club, Dulwich Common at 7.45 pm. "London Conference Stakes".

Advance Information

Pharmaceutical Group, Royal Society of Health, 13 Grosvenor Place, London SW1X 7EN, November 17, at 7,00 pm. "Patient counselling". Registration fee of £2.50 for non-members to RSH at above address by November 10.
Liverpool Branch, Pharmaceutical Society, Atlantic Tower Hotel, Liverpool on October 16. Dance (disco) and buffet. Tickets £6 from Brendan Nyss, Society Secretary, 18 Monks Way, Woolton, Liverpool L25 5HP (telephone 051-428 4971 evenings or 051-426 2122 daytime).

British Diabetic Association, Professional Services Section annual meeting, University of Kent, Canterbury on 25-26 September. Accomodation and other details from Edwina Armitage, British Diabetic Association, 10 Queen Anne Street, London W1M 0BD.

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Classified Advertisements,
Chemist & Druggist,
Benn Publications,
Sovereign Way, Tonbridge,
Kent TN9 1RW.
Telephone Tonbridge (0732) 364422. Telex 95132.
Ring Joanna Young for further information on extension 322.

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Copy date 4pm Tuesday prior to publication date.
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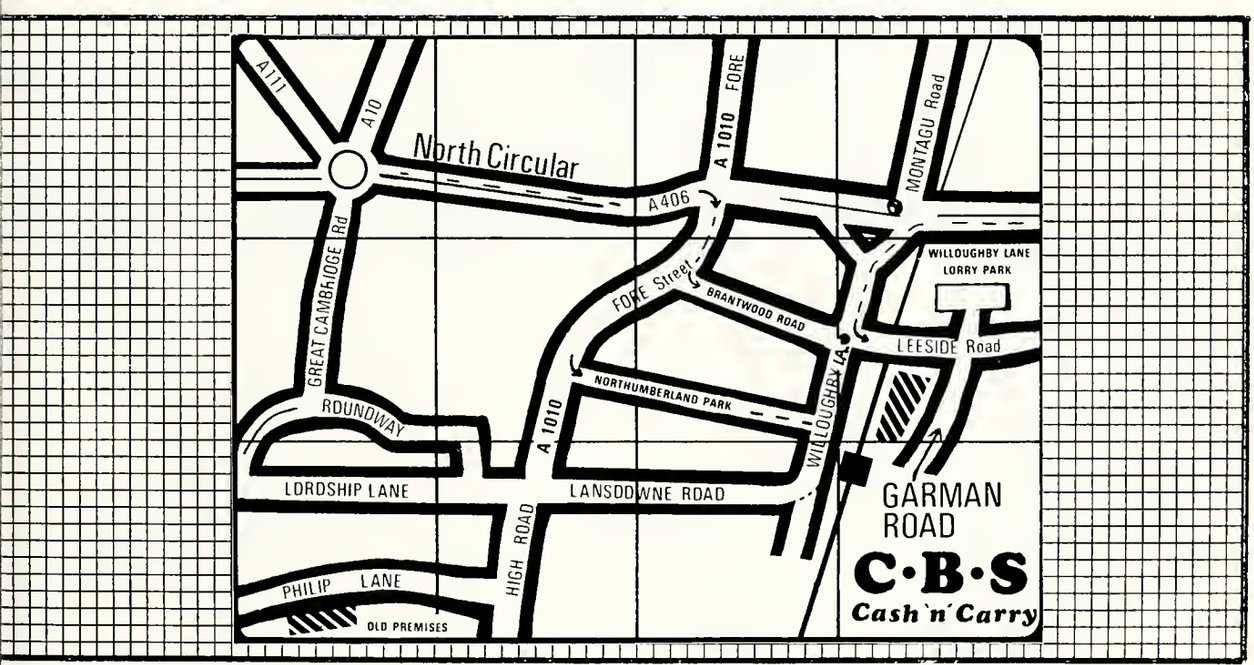

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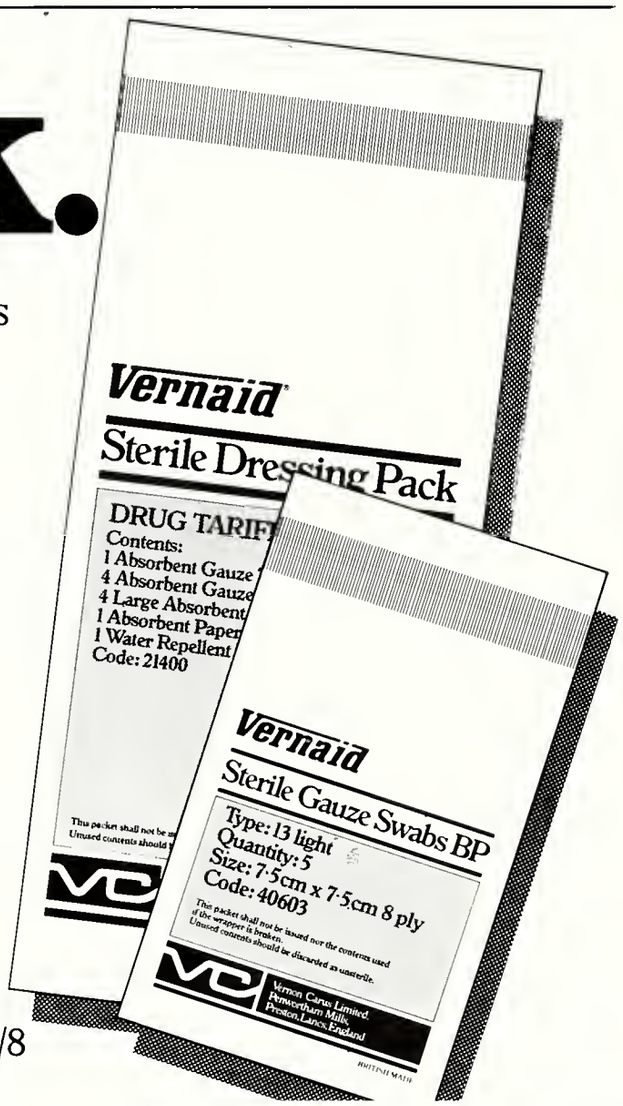

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